

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>21</i>	Age	Years	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>17 Canton Ave</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Aberg</i>	Father's Birthplace <i>City</i>				
Mother's Maiden Name <i>Lena Trusch</i>	Mother's Birthplace <i>City</i>				
Name of person giving information <i>John Aberg</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>about one week</i>
Immediate <i>Attenia</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank A. Conrad, M.D.</i>
	Address <i>2221 E. Baltimore St.</i>
Accident or Suicide? <i>no</i>	<i>Baltimore, Md.</i>

Mount Carmel *Calif*  
July 23<sup>rd</sup> 1907

W. Nicolaus & son  
1820 Canton Ave

Name  
in  
Full

*Helen<sup>M.</sup> Aughinbaugh*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roland Park</i> <small>Town</small> <i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>July</i> <small>Day</small> <i>21</i> <small>Years</small> <i>68</i>	<small>Months</small>		<small>Days</small> <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pennsylvania</i>	
Occupation <i>none</i>	Where Residing if not at place of death		
Married, <del>Single</del> <i>Married</i>	Name of <del>Wife or</del> <i>Charles R. Aughinbaugh</i> Husband		
Father's Name <i>William Seibert</i>	Father's Birthplace <i>Balto. Md</i>		
Mother's Maiden Name <i>Margaret Durborrow</i>	Mother's Birthplace <i>Penna.</i>		
Name of person giving information <i>Mr. W.S. Sibson</i>	How related to deceased		

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary <i>Chronic Brights Disease</i>	How long
Immediate <i>Toxaemia</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G.W. DeHoff, M.D.</i>
	Address <i>2724 N. Chas St. Balto, Md.</i>
Accident or Suicide?	

Henry A. Jenkins & Sons Co  
200 W. Madison St.

---

Place of Burial  
Druid Ridge Cem  
(July 24<sup>th</sup> 07)

W. H. Hoff  
Barred Oak Tavern  
W. Charles St.  
215 Madison



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John D. Bailey

Town

Died at

Hchester

Baltimore

County

MARYLAND

Date

of death

1907

Month

July

Day

14

Age

Years

70

Months

Days

14

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Teamster

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Sarah S. Bailey

Father's  
Name

John D. Bailey

Father's  
Birthplace

Warren

Mother's  
Maiden Name

Sarah Bailey

Mother's  
Birthplace

Ollea

Name of person giving  
information

Edward J. Bailey

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Tuberculosis

How long

4 years

Immediate

Pulmonary hemorrhage

How long

5 minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Wm. R. Eareckson

Address

Eek Ridge, Md.

Accident or Suicide?

Pesler Sam  
St John

Name

in  
Full

Louisa Bailey

## CERTIFICATE OF DEATH

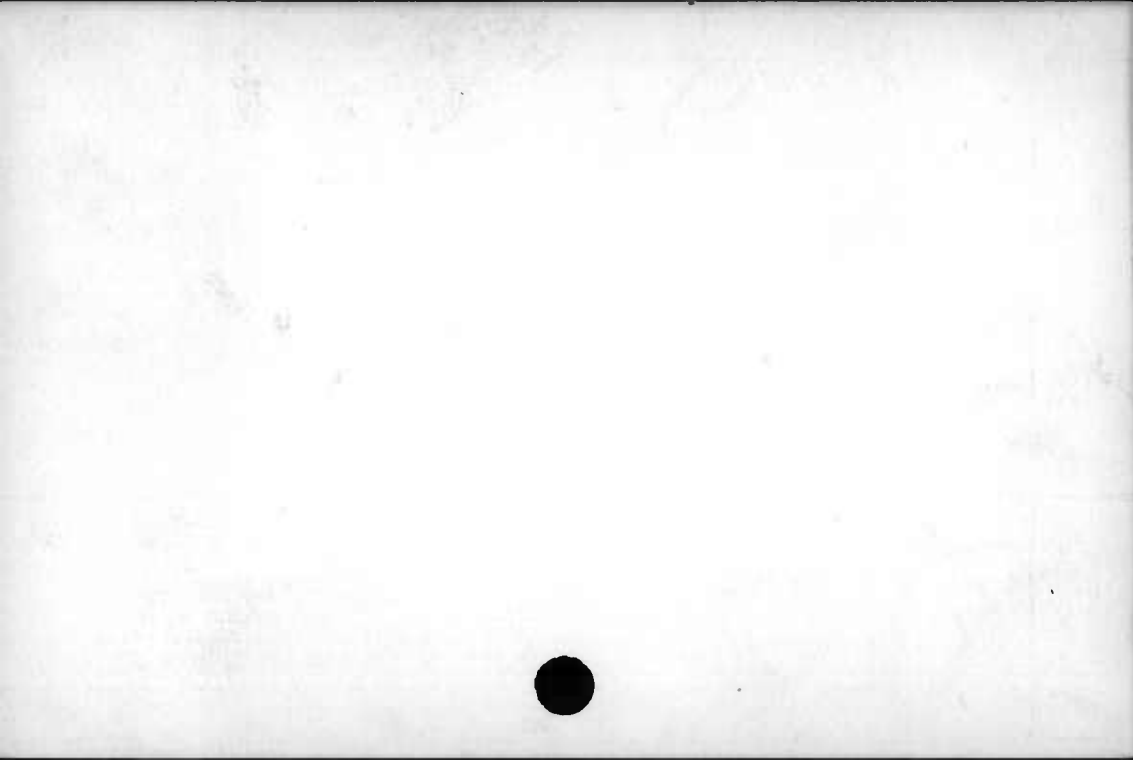
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>7</i> <sup>Month</sup>	<i>11</i> <sup>Day</sup>	Age <i>50</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>416 Bell St</i>				
Married, Single or Widowed <i>Widow.</i>	Name of Wife or Husband <i>Stephen Bailey</i>				
Father's Name <i>W.</i>	Mother's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>W.</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Dr. J. Jones</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	<i>154</i>	How long <i>2 yrs.</i>
Immediate <i>Exhaustion</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y.</i>	Signature of Physician <i>Dr. J. R. Jones</i>	
<i>W.</i>	Address <i>3rd and 1st St.</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Nont* <sup>Town</sup> *PK**Bulto* <sup>County</sup>

Date

of death

*1907*

Month

*July*

Day

*26*

Age

Years

Months

*10*

Days

*3*

Sex

*Female*Color or  
Race*White*Birth-  
place*Bulto Co -*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Child*Name of Wife or  
HusbandFather's  
Name*Joseph Barcikowsky*Father's  
Birthplace*Russia*Mother's  
Maiden Name*Celia Gloss*Mother's  
Birthplace*Bulto Co -*Name of person giving  
informationHow related  
to deceased*Mother*

## CAUSES OF DEATH

Primary

*Cholera Infantum*

How long

*24*

Immediate

How long

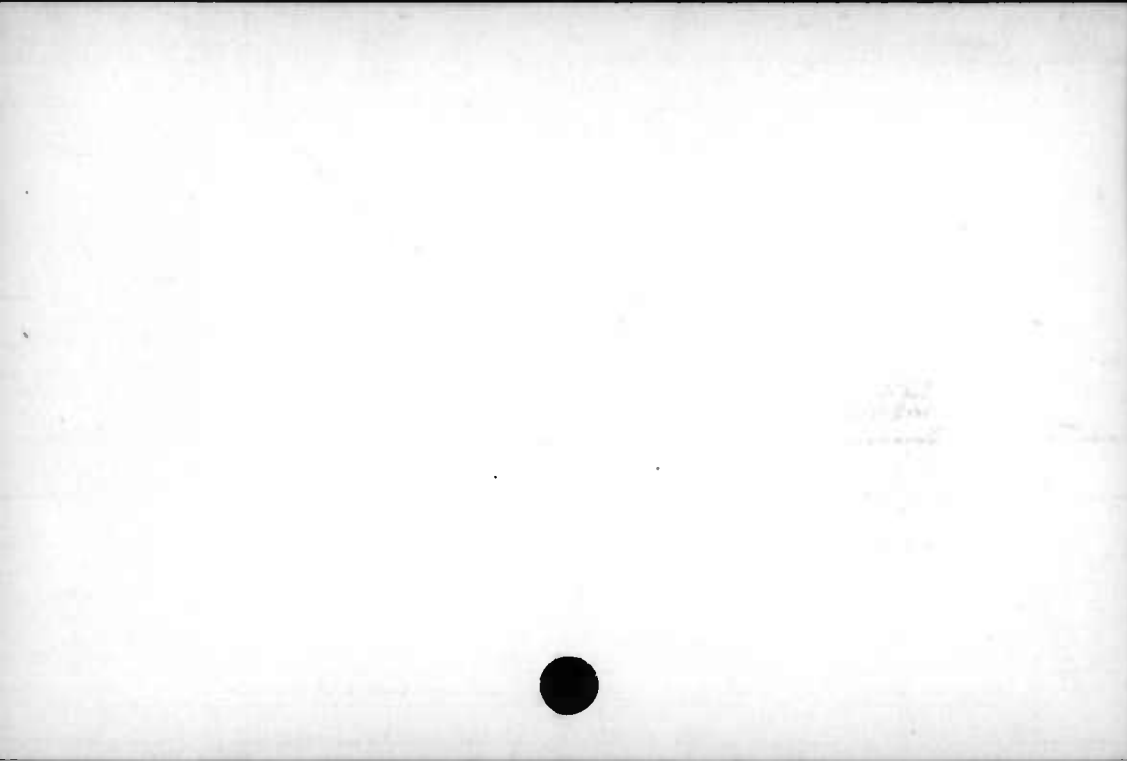
*105*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*C. A. M. H. E. Y.*  
*2 Hudson St. Extd*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Mary Barnes</b>		Town <b>Mt Hope</b>		County <b>Baltimore</b>		MARYLAND	
Died at <b>Mt Hope</b>		Month <b>July</b>		Days <b>7<sup>th</sup></b>		Age <b>73</b>	
Date of death <b>1907</b>		Months <b>unknown</b>		Years <b>unknown</b>		Days <b>unknown</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birthplace <b>Ireland</b>			
Occupation <b>Housewife</b>				Where Residing if not at place of death <b>Baltimore</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>unknown</b>					
Father's Name <b>unknown</b>				Father's Birthplace <b>unknown</b>			
Mother's Maiden Name <b>"</b>				Mother's Birthplace <b>"</b>			
Name of person giving information <b>Reed. Mt Hope</b>				How related to deceased <b>not at all</b>			

## CAUSES OF DEATH

(68)

PHYSICIAN  
OR CORONER

Primary <b>Ger. Dementia Post Mania</b>		How long <b>over 2 yrs</b>	
Immediate <b>Exhaustion</b>		How long <b>7 yrs</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Frank J. Flannery</b>	
Address <b>Mt Hope Retriah</b>		<b>Baltimore - Md.</b>	
Accident or Suicide? <b>no</b>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Martha Hooff Beall</i>		Town <i>Roland Park</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>2</i>	Age <i>60</i>	Years	Months <i>11</i>	Days <i>24</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Alexandria Va.</i>			
Occupation <i>House (Invalid) 70 years</i>		Where Residing if not at place of death <i>702 Lyndon Ave. Roland Park, Md.</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>A. Brooks Beall</i>					
Father's Name <i>John Hooff</i>		Father's Birthplace <i>Alexandria Va.</i>					
Mother's Maiden Name <i>Martha Jones Blincoe</i>		Mother's Birthplace <i>Seeburg Va</i>					
Name of person giving information <i>Brooks O. Beall</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	<i>(10)</i>	How long <i>15 days.</i>
Immediate <i>Pneumonia</i>		How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Gibson Porter</i>	
	Address <i>Roland Park Md.</i>	
Accident or Suicide? <i>No -</i>		

place of burial  
Druid Ridge Cem  
Hoff Jenkins & Son Co  
Funeral directors

Name  
in  
Full

Ernest Benchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

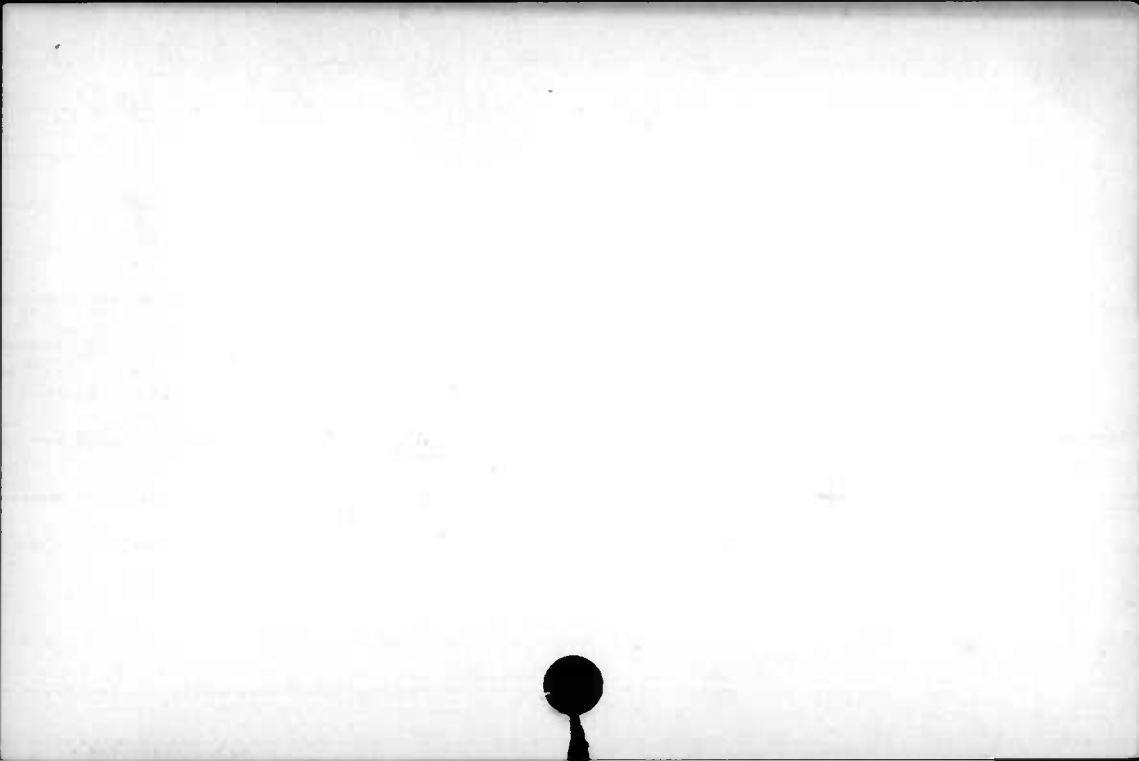
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>190</i>	Month <i>July</i>	Day <i>25th</i>	Years <i>45</i>	Months		Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>Marble cutter</i>			Where Residing if not at place of death <i>2136 Frederick Ave.</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information			How related to deceased				

## CAUSES OF DEATH

193

PHYSICIAN  
OR CORONER

Primary <i>Cerebral pneumonia</i>	How long <i>10 days</i>
Immediate <i>Myocarditis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Hager</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name  
in  
Full

infant daughter. Blend

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Highlandtown* <sup>Town</sup> *Baltimore* <sup>County</sup>  
 Date of death *1904* <sup>Month</sup> *July* <sup>Day</sup> *12* Age <sup>Years</sup> *—* <sup>Months</sup> *8* <sup>Days</sup> *—*  
 Sex *Female* Color or Race *White* Birth-place *—*  
 Occupation *—* Where Residing if not at place of death *—*

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Charles Blend*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Phanna Blend*Mother's  
Birthplace*Germany*Name of person giving  
information*Charles Blend*How related  
to deceased*—*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Died in Utero*

How long

*—*

Immediate

*Transverse Uterine Difficult Delivery*

How long

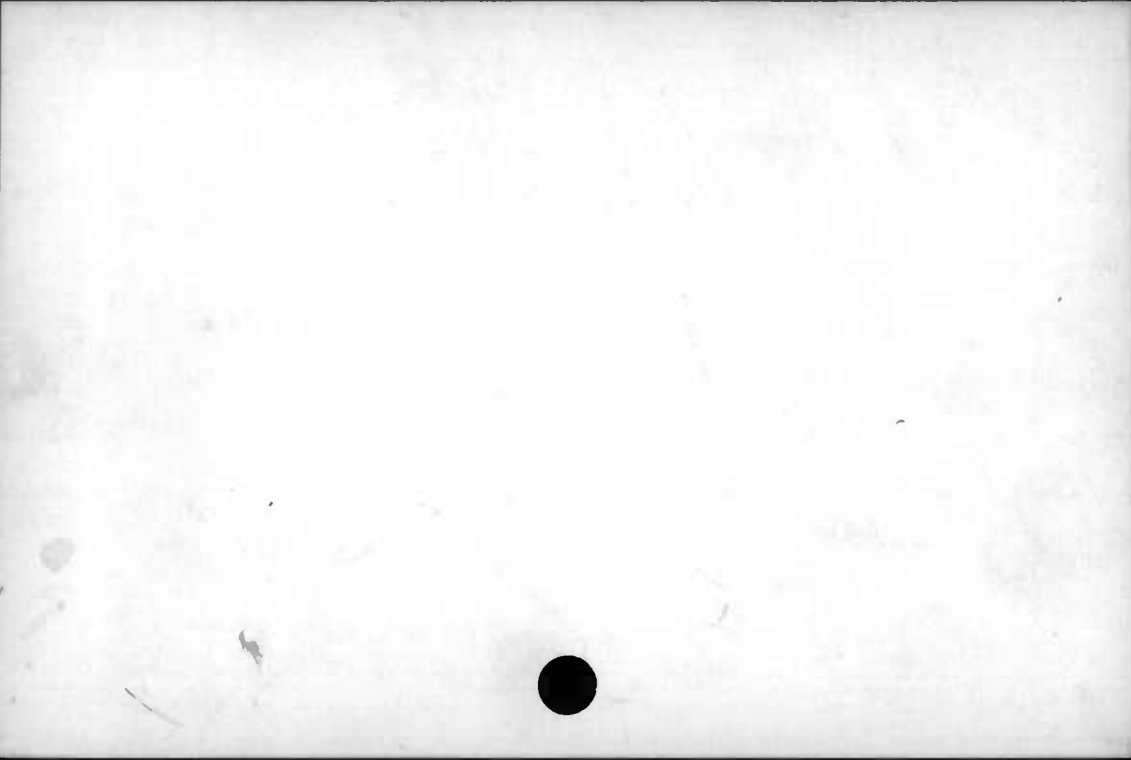
*—*Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician*G. C. Thieme M.D.*

Address

*3038 E. Balt. St.*

Accident or Suicide?

*No*



Name  
in  
Full

Irvin Blumenthal

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Raspburg		County Balto.		MARYLAND	
Date of death		1907	Month July	Day 31	Age 0	Years 6	Months Days
Sex M		Color or Race Wh		Birth-place Baltimore, Md			
Occupation				Where Residing if not at place of death Baltimore Md.			
<del>Married, Single</del> <del>or Widowed</del>				Name of Wife or Husband			
Father's Name Simon A. Blumenthal				Father's Birthplace Balto Md			
Mother's Maiden Name Bertha Katzenstein				Mother's Birthplace " "			
Name of person giving information Mrs Katzenstein				How related to deceased Grandmother			

## CAUSES OF DEATH

Primary	Infantile Diarrhoea	How long	12 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. Walman	
Yes		Address 129 N. Broadway Balto., Md.	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

David Sondheim

Chet Shalom Cey



Name  
in  
Full

Samuel A. Blumenthal

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

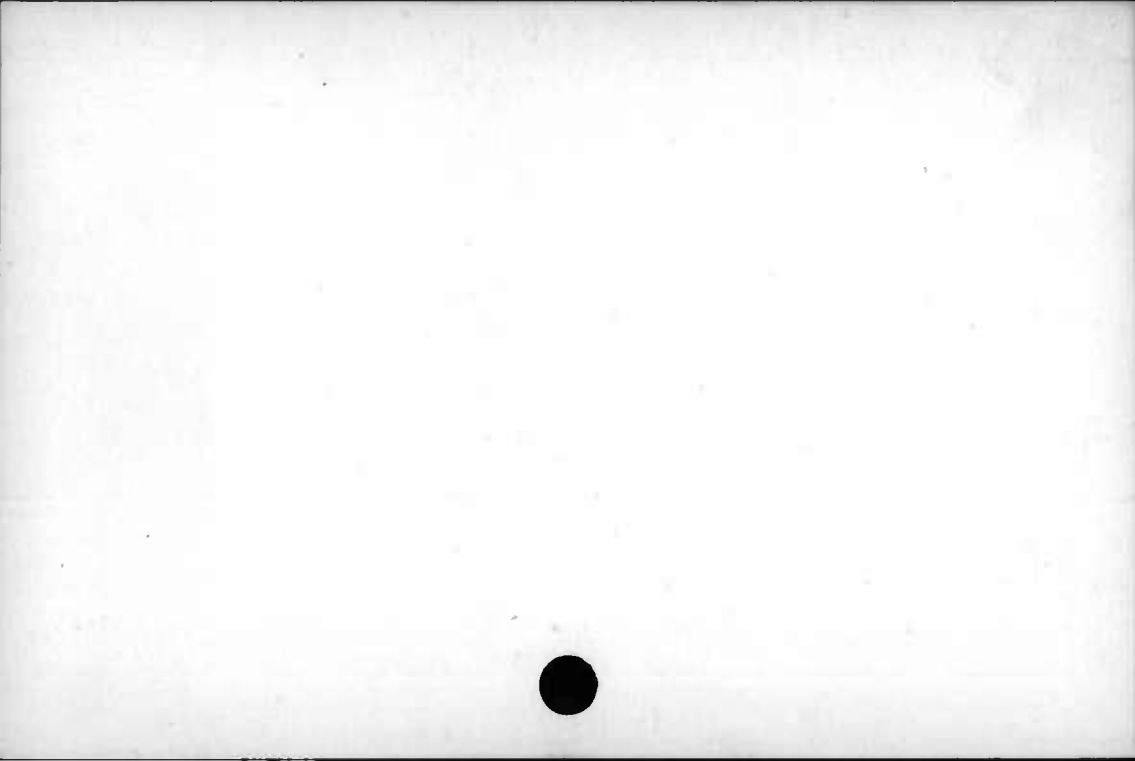
Died at <i>Middle River</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907 July</i>	Month <i>July</i>	Day <i>28</i>	Years <i>20</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>		
Occupation <i>clerk</i>	Where Residing if not at place of death <i>117 W. Barryst St Balto City</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Isaac Blumenthal</i>	Father's Birthplace <i>Russia</i>		Mother's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Rebecca Gazvortz</i>	How related to deceased <i>Cousin</i>		Name of person giving information <i>Joseph O. Schwartz</i>		

## CAUSES OF DEATH

(172)

PHYSICIAN  
OR CORONER

Primary	<i>Accidental drowning</i>		How long <i>—</i>
Immediate	<i>—</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of <i>David A. Thompson</i>	
		Address <i>1500 Highland Ave</i>	
Accident or Suicide? <i>Accident</i>		<i>Baltimore b. Md</i>	



Name  
in  
Full

Charles Bomhardt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>July</u>	Day <u>22</u>	Age <u>—</u> Years	Months <u>3</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>William Bomhardt</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Lina P. Lander</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Mrs. Bomhardt</u>			How related to deceased <u>Mother.</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Inanition</u>	How long <u>Since birth</u>
Immediate <u>Gastro - Enteritis</u>	How long <u>8 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. F. A. Glantz</u>
	Address <u>41 Eastern Ave. - Balt.</u>
Accident or Suicide? <u>—</u>	

St Paul Cemetery

Christian Miller  
2334 Jefferson St

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Still Birth of Joseph Borall and Mary Borall

Died at Highlandtown Town Baltimore County MARYLAND

Date of death | 90 | July Month | 10 Day | Age | Years | Months | Days

Sex Male Color or Race White Birth-place Balto County

Occupation | | Where Residing if not at place of death | |

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
in formationHow related  
to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

Christian Miller  
2334 Jefferson st

St Matthew Cemetery

Name  
in  
Full

Alice Marguerite Bowers.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Dickeynell		Baltimore	
Date of death		1907	July	22	Age
Sex		Female		Color or Race	White
Occupation				Birth-place	Dickeynell Md
Married, Single or Widowed		Single		Where Residing if not at place of death	
Father's Name		James A Bowers		Father's Birthplace Baltimore Md	
Mother's Maiden Name		Lilly C. Ashe		Mother's Birthplace Virginia	
Name of person giving information		James A Bowers		How related to deceased Father	

## CAUSES OF DEATH

1105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	1 week
Immediate	Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. C. Sinek	
		Address Woodlawn St Baltimore Md	
Accident or Suicide?			





Name  
in  
Full

Austin Bowrisock Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
190		7 July		29		Age 67	
Sex		Color or Race		Birth-place			
m		white		Balto			
Occupation		Where Residing if not at place of death					
Retired		Park Heights av					
Married, Single or Widowed		Name of Wife					
Widower		Emma Carter Bowrisock					
Father's Name		Father's Birthplace					
Geo Bowrisock							
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Spicer							
Name of person giving information		How related to deceased					
Harry S. Bowrisock		Son					

## CAUSES OF DEATH

Primary	Paralysis	How long	9 months
Immediate	Asphyxiation & Emphysema	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. D. Wells	
		Address	
		Park Heights Ave	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Wm Cook

502 E. North Ave

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

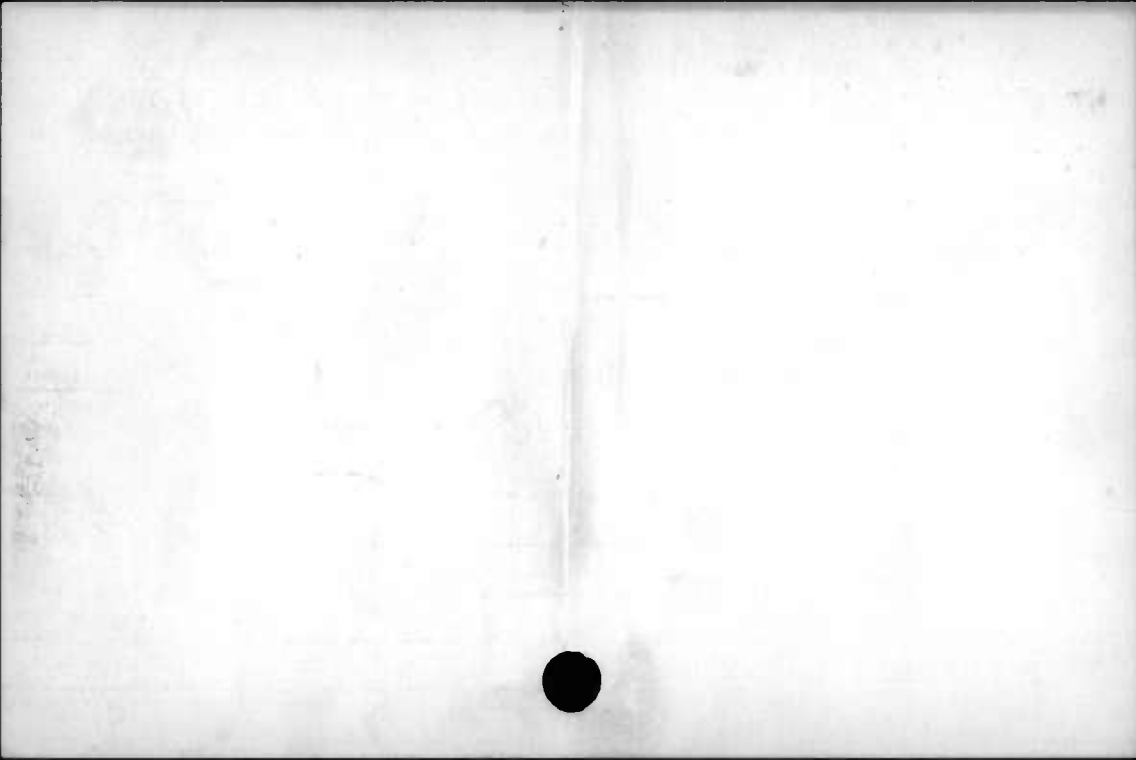
Name in Full <i>Jennie Boycher</i>		Town <i>Rinckarts Camp</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Rinckarts Camp</i>							
Date of death	1907	Month	July	Day	8	Age	34
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death		<i>Not Known</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband		<i>Husband's name not Known</i>			
Father's Name <i>Not Known</i>		Father's Birthplace		<i>Not Known</i>			
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace		<i>Not Known</i>			
Name of person giving information <i>Mary Edmondson</i>		How related to deceased		<i>Not related</i>			

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	<i>Axillary Cancer</i>	How long	<i>About 1 year</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm. Blumbrill,</i>	
		Address	
		<i>Albertain, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Henrietta Bradley</i>		Town <i>Lauraville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Lauraville</i>		Month <i>July</i>		Day <i>24th</i>		Age <i>52</i>	
Date of death <i>1907</i>		Months <i></i>		Days <i></i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Garrison Ave. Lauraville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas K Bradley</i>					
Father's Name <i>James Tingle</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Ann Chappell</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Thos K Bradley</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Uterus</i>	How long <i>Two years</i>
Immediate <i>Haemorrhage</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edwin J. Darlington MD</i>
	Address <i>Lauraville</i>
Accident or Suicide?	

Burial at Balt.  
Cem. July 26, 1907.

William Cook  
572 E. North Ave.  
Balt.  
Md.

Name

in Full

Elizabeth Marie Katherine Breitschwerdt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Gardenville*

Town

*Balto.*

County

MARYLAND

Date

of death

907

Month

*July*

Day

*21*

Age

Years

Months

*4*

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*George A. Breitschwerdt*Father's  
Birthplace*Md*Mother's  
Maiden Name*Eliza Schroeder*Mother's  
Birthplace*"*Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

**105**

Primary

*Acute gastro-enteric intoxication*

How long

*7 da.*

Immediate

*Toxaemia (Convulsions)*

How long

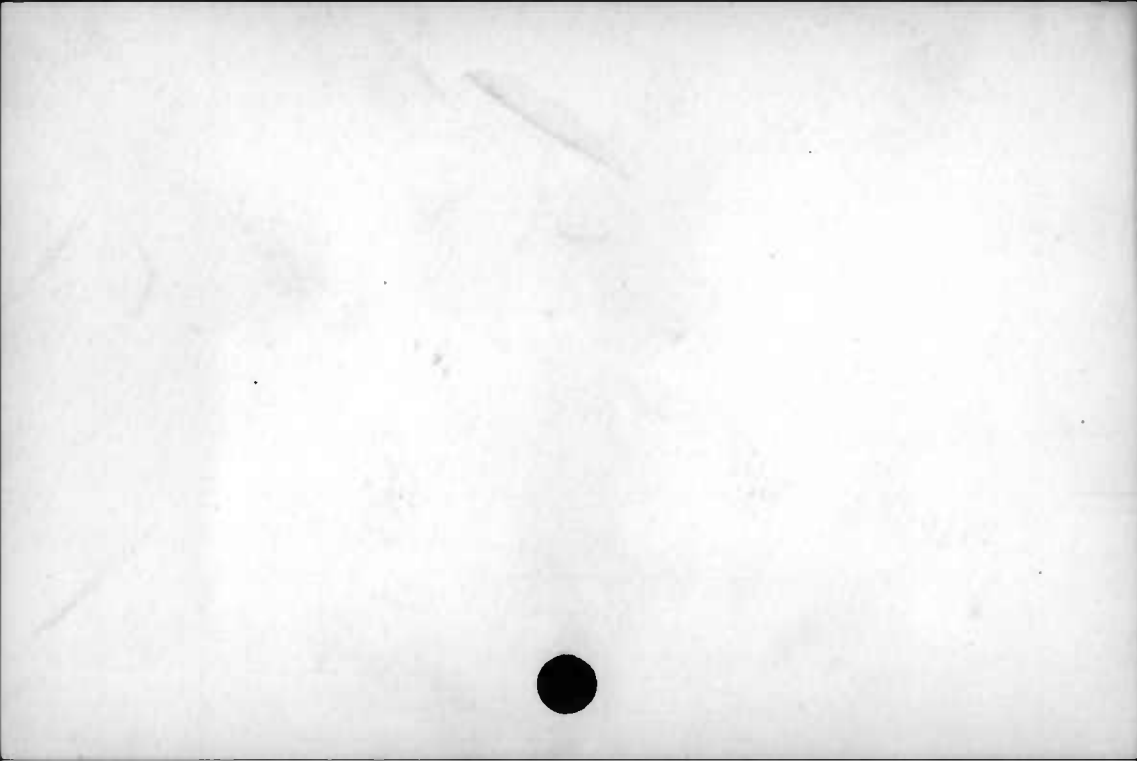
*10 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*R. C. Mezel*

Address

*1824 W. North Ave,  
Balto. Md.*

Accident or Suicide?

*Accident*PHYSICIAN  
OR CORONER





Name  
in  
Full

Sarah Elizabeth Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Towson</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>7</i> <sup>Month</sup>	<i>26</i> <sup>Day</sup>	Age <i>64</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>22</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore, Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Albert A. Brooks</i>				
Father's Name <i>William Bryan</i>	Father's Birthplace <i>Baltimore, Md.</i>				
Mother's Maiden Name <i>Elegg Bryan</i>	Mother's Birthplace <i>Baltimore, Md.</i>				
Name of person giving information <i>Charles W. Brooks</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Thrombosis, Bright's, Diabetes, Dropsy</i>	How long <i>Some years</i>
Immediate <i>Uræmic Coma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. Massenburg M.D.</i>
	Address <i>Towson Md</i>
Accident or Suicide? <i>Neither</i>	

John A. Bishop  
1117 WV Ken Ave  
Lynch County

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 190

Sex

Occupation

Married, Single  
or WidowedFather's  
NameMother's  
Maiden NameName of person giving  
In formationName of Wife or  
Husband

County

MARYLAND

Months

Days

Age

Color or  
RaceBirth-  
placeWhere Residing if not  
at place of deathFather's  
BirthplaceMother's  
BirthplaceHow related  
to deceased

## CAUSES OF DEATH

(175)

PHYSICIAN  
OR CORONER

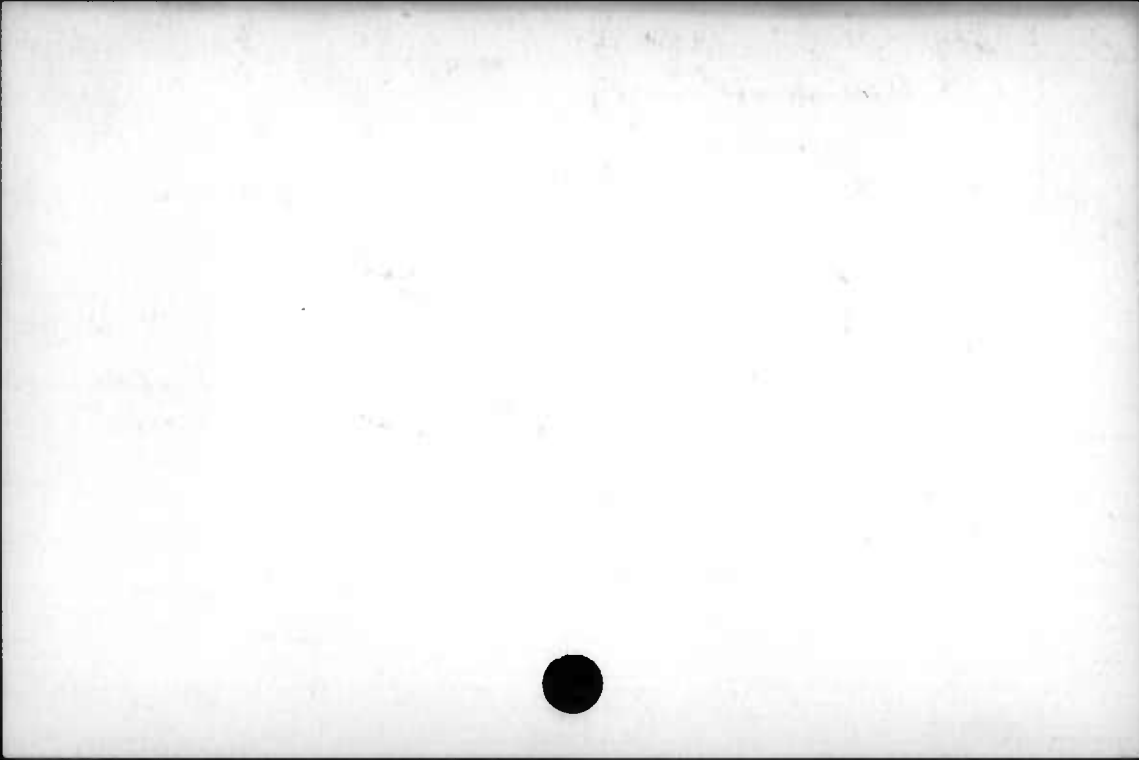
Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Maud C. Bruce

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at 105 Buckdale Rd Roland Park Balto. County

Date of death 1907 July 25<sup>th</sup> Age 7 Months 16 Days

Sex Female Color or Race W. Birth-place Ind

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Wm A Bruce Father's Birthplace Conn.

Mother's Maiden Name Maud C. Bruce Mother's Birthplace Conn.

Name of person giving information Wm A. Bruce How related to deceased Father

## CAUSES OF DEATH

Primary Ileocolitis 105 How long 3 weeks

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Arthur Hebbard

Address 2011 E. Pratt St.

Accident or Suicide? Balto, Ind.

Horace Burge  
2631 Falls Rd  
Baltimore

St. Marys  
Hampden

Name  
in  
Full

## CERTIFICATE OF DEATH

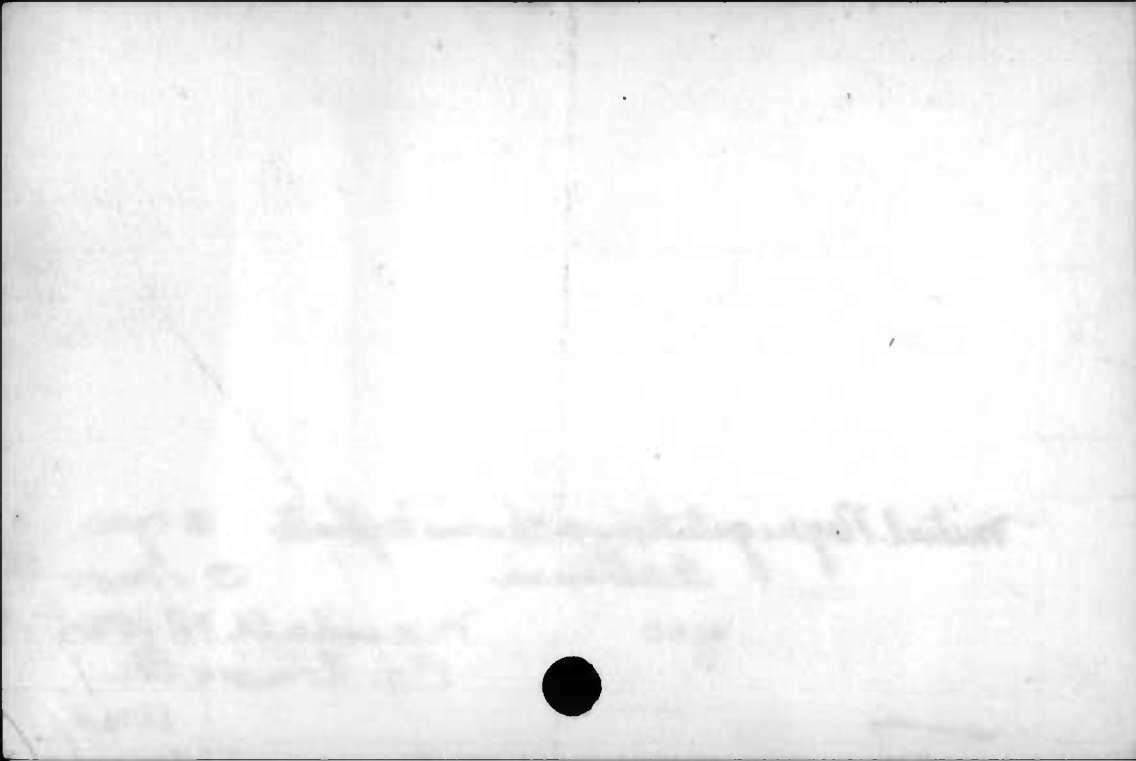
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Spinnors Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1907		Month <i>July</i>	Day <i>4</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Spinnors Point</i>			
Occupation <i>Nurse</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Frank Oager</i>		Father's Birthplace <i>W.D.</i>					
Mother's Maiden Name <i>Lottie Simmonds</i>		Mother's Birthplace <i>W.D.</i>					
Name of person giving information <i>Frank Oager</i>		How related to deceased <i>Factor</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Menture</i>	How long <i>157</i>
Immediate <i>Menture</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. C. Steward</i>
	Address <i>Spinnors Point</i>
Accident or Suicide?	





Name  
in  
FullMary ~~B~~ Camatier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Catonsville <sup>Town</sup> Baltimore <sup>County</sup>

Date of death 190 7 <sup>Month</sup> July <sup>Day</sup> 22 <sup>Years</sup> 61 <sup>Months</sup> 7 <sup>Days</sup> —

Sex Female Color or Race White Birth-place Maryland

Married, Single or Widowed Widowed Occupation None

Name of Wife or Husband George Camatier

Father's Name Joseph E Brown Father's Birthplace Maryland

Mother's Maiden Name Mary J Brown Mother's Birthplace Maryland

Name of person giving information George Camatier How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mitral Regurgitation & Chronic Nephritis <sup>How long</sup> 3 yrs.

Immediate Asthenia <sup>How long</sup> 3 mos

Are the name, age, sex, color, date, and place correctly given above?

yes

Signature of Physician

Address

Marshall B West,  
Catonsville,  
Md.

Accident or Suicide?

Mr. B. H. H.

1872

2237 O. R. H.

1872

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Etta R. Caple

Died at Stevenson TownCounty Baltimore

MARYLAND

Date of death

1907

Month

7

Day

27

Age

Years

—

Months

9

Days

—

Sex

Female

Color or  
Race

White

Birth-  
place

Balt. Co

Occupation

—

Where Residing if not  
at place of death

Stevenson

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Chas. C. Caple

Father's  
Birthplace

Carroll Co

Mother's  
Maiden Name

Catherine Shipley

Mother's  
Birthplace

"

Name of person giving  
Information

Chas. C. Caple

How related  
to deceased

father

## CAUSES OF DEATH

Primary

Cholera Infantum (105)

How long

3 days —

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes —

Signature of  
Physician

Address

Henry L. Kaylor  
Pikesville

Accident or Suicide?

—

Mrs.

Sandy Mount  
Carroll Co.

S

Name

in  
Full

William M. Beeil

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westport</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>7</i>	Day	<i>2</i>
Age		<i>55</i>		Months	<i>—</i>
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>Carpenter</i>		Birth-place	<i>Md.</i>	
Where Residing if not at place of death		<i>925 W Lexington St</i>			
Married, Single or Widowed		<i>Married</i>			
Name of Wife or Husband		<i>Elizabeth Beeil</i>			
Father's Name		<i>William Beeil</i>		Father's Birthplace	
				<i>Md.</i>	
Mother's Maiden Name		<i>Unknown</i>		Mother's Birthplace	
				<i>Md.</i>	
Name of person giving information		<i>Alfred A. Warfield</i>		How related to deceased	
				<i>Brother in Law</i>	

## CAUSES OF DEATH

Primary

*Falling off Roof.**166*

How long

*Immediate*

Immediate

*Heart failure*

How long

*" "*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*August W. Mill*

Address

*Mr Wmman  
Balto W. Md*

Accident or Suicide?

*Accident*

Geo. H. Smith & Co

---

West. Conn.

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Wt Hope Retreat* Town *Baltimore* CountyDate of death *1907* *July* *9th* Age *52* Months DaysSex *Male* Color or Race *White* Birth-place *Easton Md -*Occupation *Sailor -* Where Residing if not at place of death *Easton Md -*Married, Single or Widowed *Married* Name of Wife or HusbandFather's Name *Unknown -* Father's Birthplace *Unknown*Mother's Maiden Name *11* Mother's Birthplace *11*Name of person giving information *Reeds Wt Hope Retreat* How related to deceased *Not at all -*

## CAUSES OF DEATH

(67)

Primary *Intra - Cranial Lesion* How long *over 9 mos -*Immediate *Ex. Acute Delirium* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank J. Flannery*Address *Wt Hope Retreat  
Baltimore Md -*

Accident or Suicide?





Name  
in  
Full

Mary B. Chesney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Orinda, <del>Balto Co</del></i>		Town <i>Balto Co</i>		County		MARYLAND	
Date of death 190	7	Month	July	Day	6th	Age	Years 1
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>		Months 7	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name <i>Alfred F. Chesney</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Alice Draper</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Alice V. Chesney</i>				How related to deceased <i>mother</i>			

## CAUSES OF DEATH

(90)

PHYSICIAN  
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>7 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Wick, M.D.</i>	
Yes		Address <i># 936 E. Monument St. Balto Md.</i>	
Accident or Suicide?			

*Peruella*

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Highlandtown		Batto.			
Date of death	1907	Month	7	Day	8
		Age	56	Years	
Sex	male	Color or Race	White	Months	4
Occupation	Milk Dealer	Where Residing if not at place of death	814 - Lombard St. E.		
Married, Single or Widowed	Married	Name of Wife or Husband	Lena clay		
Father's Name	Dont Know			Father's Birthplace	Dont Know
Mother's Maiden Name	Dont Know			Mother's Birthplace	Dont Know
Name of person giving information	Lena clay			How related to deceased	Wife

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Heart failure.	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		Address
		1300 Highland Ave
		Baltimore Md
Accident or Suicide?		

Oak Lawn Farm,  
Hermig & Son  
Zoochhaus St.

Name  
in  
Full

Frank W. Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

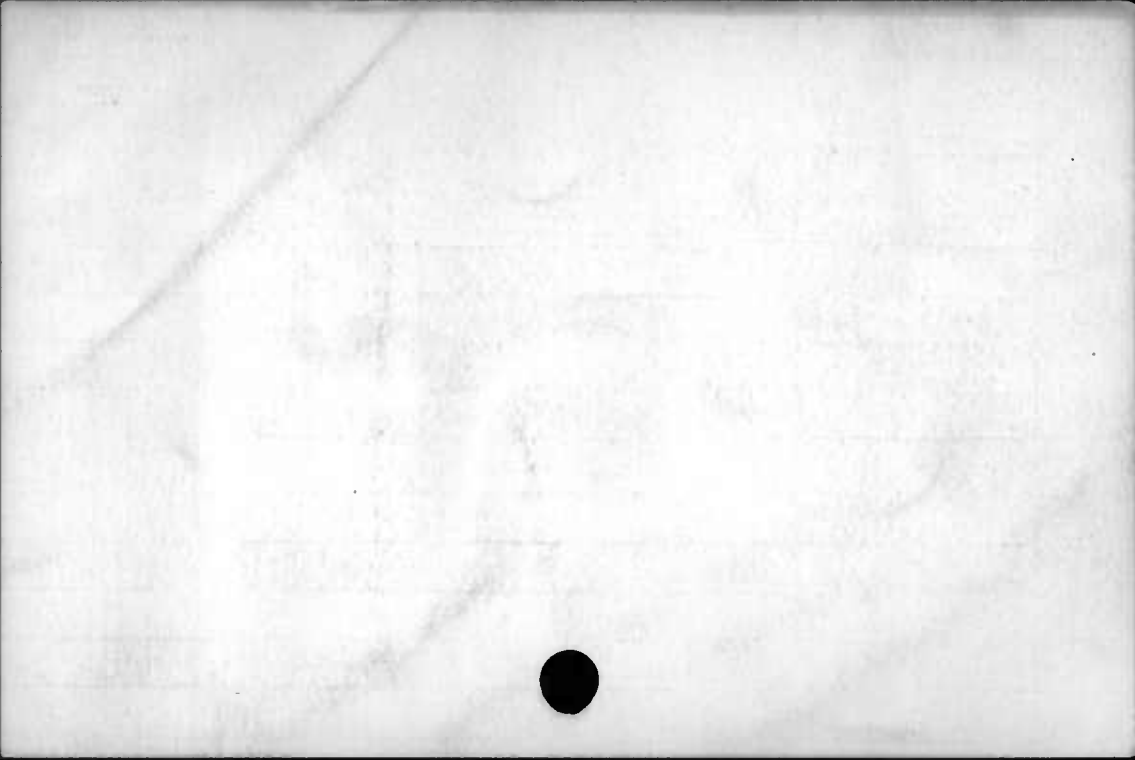
Died at *Cella* Town *Balto* County  
 Date of death *1907* Month *July* Day *3* Age *20* Years Months *no* Days *no*  
 Sex *Male* Color or Race *White* Birth-place *Maryland*  
 Occupation *Mill Hand* Where Residing if not at place of death *Cella*  
 Married, Single or Widowed *Single* Name of Wife or Husband *none*  
 Father's Name *Walter Clements* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Emely Jones* Mother's Birthplace *Maryland*  
 Name of person giving information *Walter Clements* How related to deceased *Father*

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *4 1/2 mos.*  
 Immediate *Hemorrhage* How long *Immediate*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. L. Devnig*  
 Address *Cella et Cely, Md.*  
 Accident or Suicide? *neither*



Name  
in  
Full

Charles S. C. Coale

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Sherwood <sup>County</sup> Balto <sup>State</sup> MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 30 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 2 <sup>Days</sup> —

Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> Sherwood

Occupation — <sup>Where Residing if not at place of death</sup> —

Married, Single or Widowed — <sup>Name of Wife or Husband</sup> —

Father's Name Charles H. Coale <sup>Father's Birthplace</sup> Sherwood

Mother's Maiden Name Elizabeth Ackers <sup>Mother's Birthplace</sup> Sherwood

Name of person giving information Chas. W. Coale <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Marasmus (151) <sup>How long</sup> 4 weeks.

Immediate Inanition <sup>How long</sup> —

Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> L. D. Burbin Johnson

<sup>Address</sup> Reeder hnd.

Accident or Suicide? —

John Burns Sons  
Touson  
Prospect Hill  
Conn.



Name

in  
Full

Annie Comes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Raspburg</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	1907	Month	July	Day	23
Age	—		Months	11	
Sex	Female		Color or Race	white	
Occupation	None		Birth-place	Raspburg	
Where Residing if not at place of death			—		
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Harmond Comes		Father's Birthplace	Perry Hall	
Mother's Maiden Name	Maggie Snider		Mother's Birthplace	Balto. Md	
Name of person giving information	Maggie Comes		How related to deceased	Daughter	

## CAUSES OF DEATH

Primary	<u>Ileo-colitis</u>	<u>105</u>	How long	<u>1 wk.</u>
Immediate	<u>Ileo-colitis</u>		How long	<u>1 wk.</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician	
			Address	
Accident or Suicide?		<u>No</u>	<u>Geary A. Long M.D.</u> <u>Hamilton Md</u>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **Jan Coromonski** Town **Sparrow Point** County **Matto.** MARYLAND

Died at **Sparrow Point** **Matto.**

Date of death **1907** Month **July** Day **8** Age **43** Years Months Days

Sex **male** Color or Race **white** Birth-place **Poland**

Occupation **Laborer** Where Residing if not at place of death **Sparrow Point**

Married, Single or Widowed **Married** Name of Wife or Husband **Unknown**

Father's Name **Unknown** Father's Birthplace **Unknown**

Mother's Maiden Name **Unknown** Mother's Birthplace **Unknown**

Name of person giving information **Joe Blair** How related to deceased **None**

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary

**Accidentally killed by**  
**iron iron mouth falling on his**

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

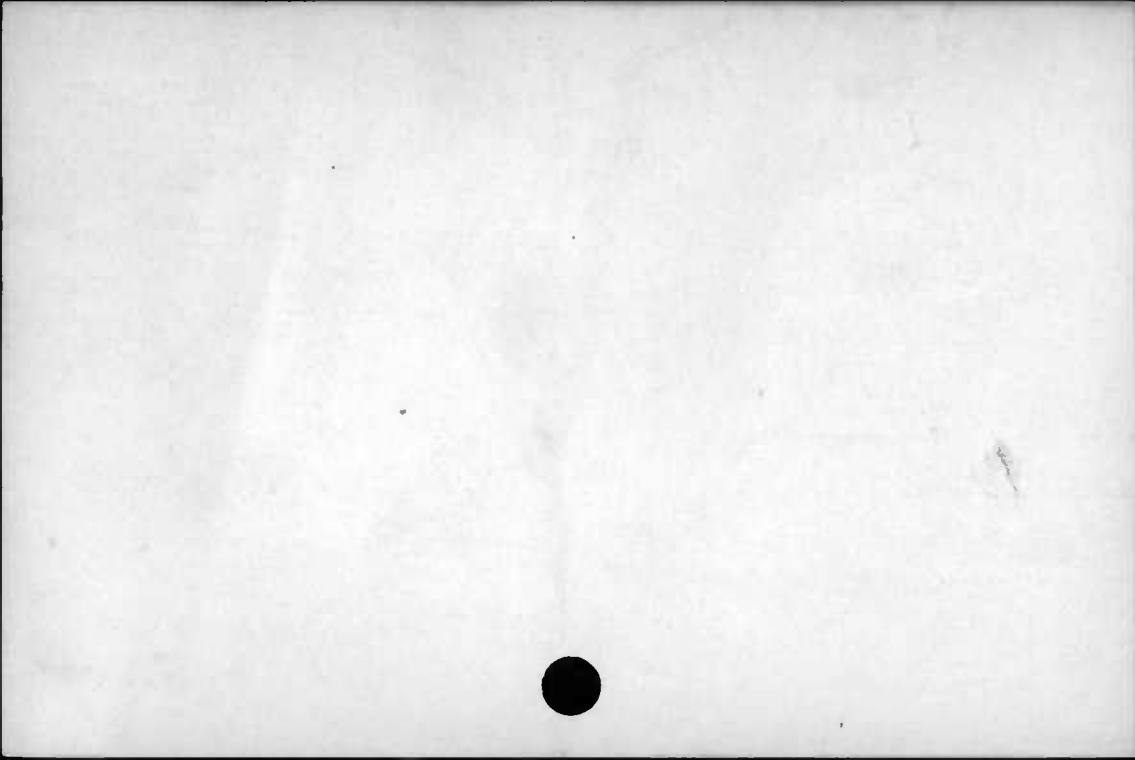
Signature of Physician

Address

Accident or Suicide?

**Accident**

**Joe Blair J.P.**  
**Sparrow Point**  
**md**



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Balto		MARYLAND	
Date of death		190	Month 7	Day 31	Age	Years	Months Days
Sex		Male		Color or Race		White	
Occupation		none		Birth- place		Balto Co	
Where Residing if not at place of death				802 - 1 <sup>st</sup> St			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Harry L. Greagh				Father's Birthplace	
Mother's Maiden Name		Annie L. Froehlich				Mother's Birthplace	
Name of person giving In formation		Harry L. Greagh				How related to deceased	
						Father	

## CAUSES OF DEATH

unknown.

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		May G. Gwynne	
		Address	
		824 Center st	
Accident or Suicide?			

Balth. cemetery

J. Herwig Jan

8/1/07

Name  
in  
Full

STATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jim DOE but spelled R.D. Cunningham*

Town *near Texas* County *Bark* MARYLAND

Died at *near Texas*

Date of death *1907* Month *July* Day  Year *about 40* Months  Days

Sex *male* Color or Race *white* Birth-place *don't know*

Occupation *don't know* Where Residing if not at place of death *don't know*

Married, Single or Widowed *don't know* Name of Wife or Husband *don't know*

Father's Name *don't know* Father's Birthplace *don't know*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving information  How related to deceased

CAUSES OF DEATH

(172)

PHYSICIAN  
OR CORONER

Primary *Accidental Drowning* How long *about 3 weeks in water*

Immediate  How long

Are the name, age, sex, color, date and place correctly given above?  Signature of Physician *B. T. Bussey*

Address *Texas Md*

Accident or Suicidal *don't know* *Don't know* *Don't know*

To Be Percol at almshouse  
grounds Bath Co Md  
By superintendent



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lexar</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>	
Date of death <i>1907</i> <sup>Month</sup> <i>July</i> <sup>Day</sup>	Age <i>37</i> <sup>Years</sup>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Balto city</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Balto.</i>		
Married, Single <del>Married</del>	Name of Wife or Husband		
Father's Name <i>Matthew Cummings</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace <i>Don't Know</i>		
Name of person giving information <i>W. J. Schelling</i>	How related to deceased		

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary <i>Accidental burning</i>	How long <i>3 weeks in hospital</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. F. Burrey</i>
	Address <i>Lexar Md.</i>
Accident or Suicide? <i>Don't know</i>	<i>David Price Coroner Lexar Md.</i>



Name  
In  
Full

James T. Debes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at 406 Cold Spring Lane R.R. 12 alr. <sup>Town</sup> <sup>County</sup>

MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 23 <sup>Age</sup> 41 <sup>Years</sup> <sup>Months</sup> 1 <sup>Days</sup> 10Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Washington, D.C.Occupation Salesman <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Nellie M. DebesFather's Name Joseph Debes <sup>Father's Birthplace</sup> Alsace -Mother's Maiden Name Elizabeth Minks <sup>Mother's Birthplace</sup> Balt.Name of person giving information Joseph M. Joyce <sup>How related to deceased</sup> Nephew

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONERPrimary Cerebral softening <sup>How long</sup> 1 mo.Immediate Apoplexy <sup>How long</sup> 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Geo. T. Shower, M.D.  
421 Roland Ave  
Balt. Md.

Accident or Suicide?

No

Robt T. Turner

Greenmoor

Turner

Name  
in  
Full

## CERTIFICATE OF DEATH

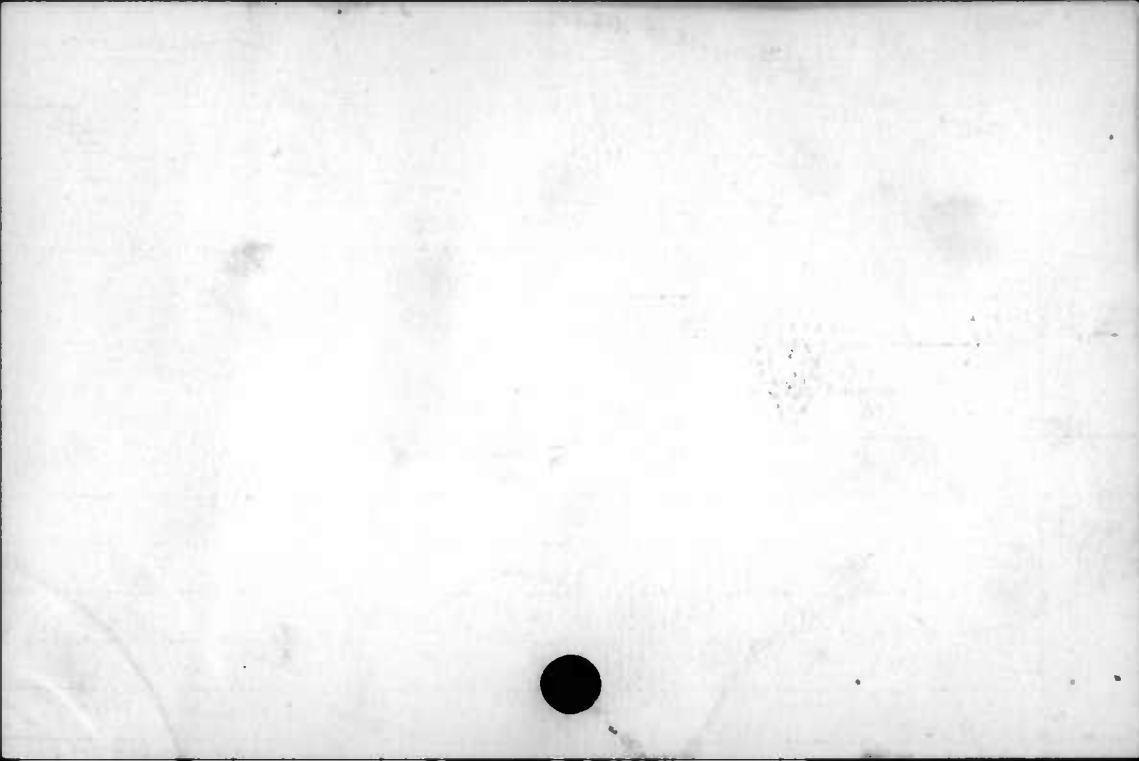
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annabel Dougherty</i>		Town <i>Rossville</i>		County <i>Bald</i>		MARYLAND									
Died at		Date of death <i>1907</i>		Month <i>July</i>		Day <i>28</i>		Age <i>3</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>											
Occupation						Where Residing if not at place of death									
Married, Single or Widowed						Name of Wife or Husband									
Father's Name <i>Michael Dougherty</i>						Father's Birthplace <i>Ind</i>									
Mother's Maiden Name <i>Julia Martin</i>						Mother's Birthplace <i>Ind</i>									
Name of person giving information						How related to deceased									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malaria</i>		<i>157</i>		How long <i>3 months</i>	
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. V. Villan</i>			
		Address <i>Rossville Md</i>			
Accident or Suicide? <i>—</i>					



Name  
in  
Full

*Doyle Infant - not named*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

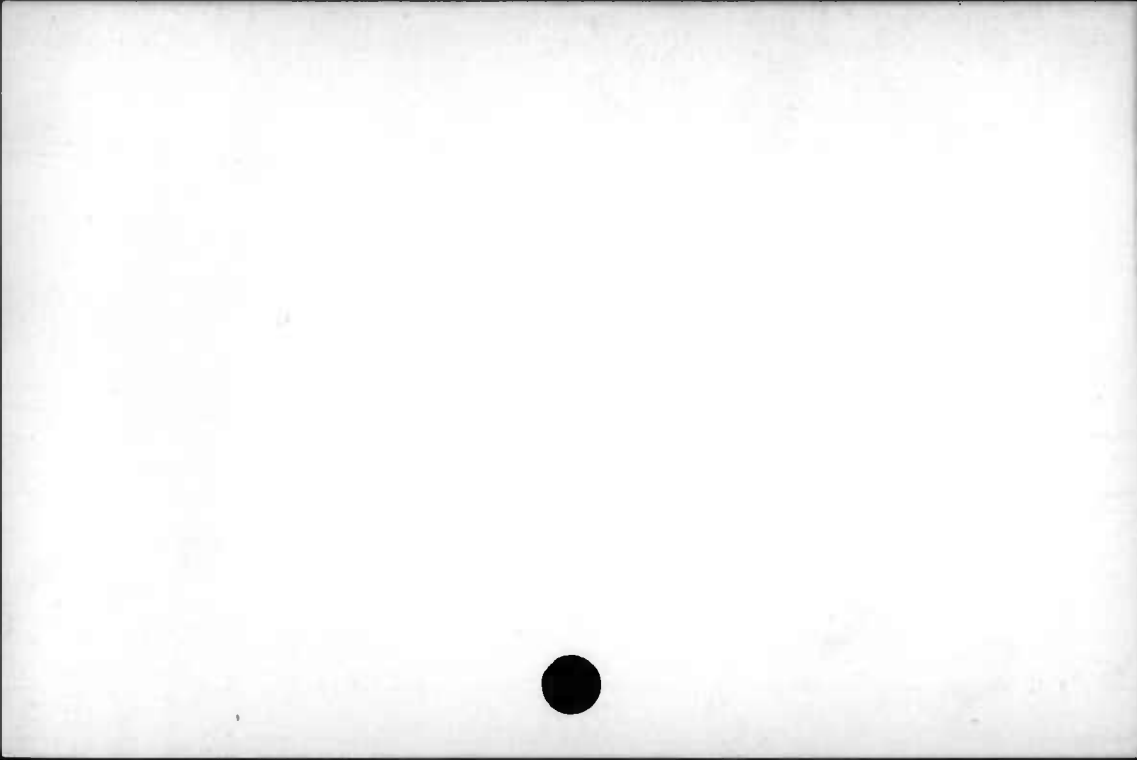
Died at <i>Fork</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>1</i>		Age <i>✓</i>		Months <i>✓</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Days <i>20</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>same</i>					
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>					
Father's Name <i>Peter Doyle</i>				Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mary Crossin</i>				Mother's Birthplace <i>md</i>					
Name of person giving information <i>Mary Doyle</i>				How related to deceased <i>mother</i>					

CAUSES OF DEATH

**151**

PHYSICIAN  
OR CORONER

Primary <i>Sanction</i>	How long <i>20 days</i>
Immediate <i>Hemorrhage</i>	How long <i>20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. F. Gussard</i>
	Address <i>Fork md</i>
Accident or Suicide? <i>✓</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Amberose Sluigan</b>		Town <b>Sparrows Point</b>		County <b>Balto.</b>		State <b>MARYLAND</b>	
Died at <b>Sparrows Point</b>		Date of death <b>1907</b>		Age <b>71</b>		Months <b>8</b>	
Month <b>July</b>		Day <b>16</b>		Years <b>71</b>		Days <b>17</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Penna.</b>			
Occupation <b>Carpenter</b>		Where Residing if not at place of death <b>Sparrows Point</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Sarah Sluigan</b>					
Father's Name <b>Henry Sluigan</b>		Father's Birthplace <b>Penna.</b>					
Mother's Maiden Name <b>Lena Cross</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>Joe Blair</b>		How related to deceased <b>None</b>					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?  
**Yes**

Signature of Physician

Address

Accident or Suicide?

**Accident**

How long

How long

**Joe Blair J.P.**  
**Sparrows Point**  
**Ind.**



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	4 <sup>th</sup>			10	
Sex	Male	Color or Race	White	Birth-place	Ballykn.		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Patrick Durkin				Father's Birthplace	Ireland	
Mother's Maiden Name	Mary McGee				Mother's Birthplace	Ireland	
Name of person giving information	Patrick Durkin				How related to deceased	Father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. Warner
		Address	1120 Highland
Accident or Suicide?	no		

Dr Warner

Holy Cross Cemetery

H. J. Vander Horn

Name  
in  
Full

CERTIFICATE OF DEATH

Rose Eagan

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Hope Petmah <sup>County</sup> Balto

MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 22 <sup>Years</sup> Age 78 <sup>Months</sup> <sup>Days</sup> unknown

Sex ~~Female~~ Male Color or Race white Birth place Inland

Occupation Housekeeper Where Residing if not at place of death Baltimore Md

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name unknown

Father's Birthplace unknown

Mother's Maiden Name 11

Mother's Birthplace 11

Name of person giving information Reeds Mt Hope

How related to deceased 2102 at all

CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary Terminal Dementia

How long Nearly 30 yrs

Immediate Ex. Paralysis Cerebral

Are the name, age, sex, color, date and place correctly given above yes

Signature of Physician Frank J. Flannery

Address Mt Hope Petmah

Accident or Suicide?



Name  
in  
Full

Elsie Geraldine Eckberg,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Randlettstown		County Baltimore		MARYLAND	
Date of death		190	Month July	Day 18	Age 22	Months	Days
Sex	Female		Color or Race	white		Birth-place	Penna
Occupation	Housewife			Where Residing if not at place of death at Randlettstown			
Married, Single or Widowed	Married		Name of Wife or Husband	Edwin Walton Eckberg			
Father's Name	Wm Bargar				Father's Birthplace	Penna	
Mother's Maiden Name	Mary C Mitchell				Mother's Birthplace	Penna	
Name of person giving information	Mary C. Bargar				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuber culosis	(27)	How long	3 days
Immediate	Cardiac Asthma		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wm E Buppert
			Address	Roslyn Baltimore 7770
Accident or Suicide?		-		

Monkton Md,

Wm Cook

507 E North Ave

---



Name  
In  
Full

Louis Gwalt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>23</u>	Age <u>63</u> <sup>Years</sup>		<u>7</u> <sup>Months</sup>	<u>7</u> <sup>Days</sup>
Sex	<u>Male</u>	Color of Race	<u>White</u>	Birth-place	<u>Md.</u>
Occupation	<u>Can maker</u>		Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Emerson</u>		
Father's Name	<u>don't know</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>don't know</u>		Mother's Birthplace	<u>Germany</u>	
Name of person giving information	<u>Mary Hinz</u>		How related to deceased	<u>Daughter</u>	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Parenchymatous Nephritis</u>	How long	<u>abt 1 year</u>
Immediate	<u>Acute of the lungs</u>	How long	<u>abt 2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Wm. W. Wright</u>
		Address	<u>Cantonsville St.</u>
Accident or Suicide?			

Sacred Heart Cemetery

July 25<sup>th</sup> 1907

Germanus Franer

Undertaker

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John H. Felter</i>		Town <i>Canton</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 July 16</i>		<i>50</i>		<i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Canton</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Mary Felter</i>					
Father's Name <i>John Felter</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Mary Weiss</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Mary Felter</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

112

PHYSICIAN OR CORONER	Primary Cause <i>Cirrhosis of Liver</i>	How long <i>3 months</i>
	Immediate Cause <i>"</i>	How long <i>"</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Rickard M.D.</i>
	Address <i>910 S. Canton St. Balto, Md.</i>	
	Accident or Suicide? <i>No</i>	

Dr Reckard  
Oak Lawn Cemetery  
H. Sander & Sons

Name  
in  
Full

Samuel Filtzer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Balti more</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>10th</i>	Age <i>38</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>Russian</i>		Birth-place <i>Russia</i>			
Occupation <i>merchandise &amp; garments</i>		Where Residing if not at place of death <i>2120 McCulloch St.</i>					
Married, <i>Single</i> or <i>Widowed</i>		Name of Wife or Husband <i>Anna Filtzer</i>					
Father's Name <i>Chas Filtzer</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Mary Volkowalski</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>Frank Filtzer</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Mitral regurg. &amp; stenosis</i>	How long <i>(?) years.</i>
Immediate <i>acute dilatation of heart.</i>	How long <i>15 min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>H. H. Hagen</i>
	Address <i>St. Agnes Hospital.</i>
Accident or Suicide?	



Name  
in  
Full

Margaret Finn.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Loch Raven</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907.</i>	Month <i>July</i>	Day <i>22<sup>nd</sup></i>	Age	Years <i>5.</i>	Months <i>17.</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Loch Raven.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John L. Finn.</i>			Father's Birthplace <i>Woodberry.</i>		
Mother's Maiden Name <i>Mary Agnes Bonier</i>			Mother's Birthplace <i>Towson.</i>		
Name of person giving information <i>John L. Finn.</i>			How related to deceased <i>Father.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Indigestion</i>	<i>105</i>	How long	<i>About 4 days.</i>
Immediate	<i>Enteritis</i>		How long	<i>About 24 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. J. Harrison.</i>		
		Address <i>Loch Raven.</i>		
Accident or Suicide?				

John Burns Soue  
Towers

Mt. Marie Conn.



Name  
in  
Full

Mary Finn.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Loch Raven		<sup>County</sup> Baltimore		MARYLAND	
Date of death 1907		Month July		Day 21 <sup>st</sup>	
Sex Female		Color or Race White		Age 5 <sup>Years</sup> 5 <sup>Months</sup> 17 <sup>Days</sup>	
Occupation		Birth-place Loch Raven		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name John J. Finn		Father's Birthplace Woodberry			
Mother's Maiden Name Mary Agnes Wines		Mother's Birthplace Towson			
Name of person giving information John J. Finn		How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Indigestion	How long	105 <sup>°</sup> About 3 days
Immediate	Enteritis	How long	Not 24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. J. Harrison	
		Address Loch Raven	
Accident or Suicide?			

John Burns Sons

Townson

Mt. Marie Cent.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

In *land of Thomas and Mary Pinnerly*

Died at *Canlon* Town *Bolton* County *MARYLAND*

Date of death *1907* Month *July* Day *16* Age *Still birth* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *None* Name of Wife or Husband *None*

Father's Name *Thomas Pinnerly* Father's Birthplace *Md.*

Mother's Maiden Name *Mary White Pinnerly* Mother's Birthplace *Md.*

Name of person giving information *Thomas Pinnerly* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still birth* How long *None*

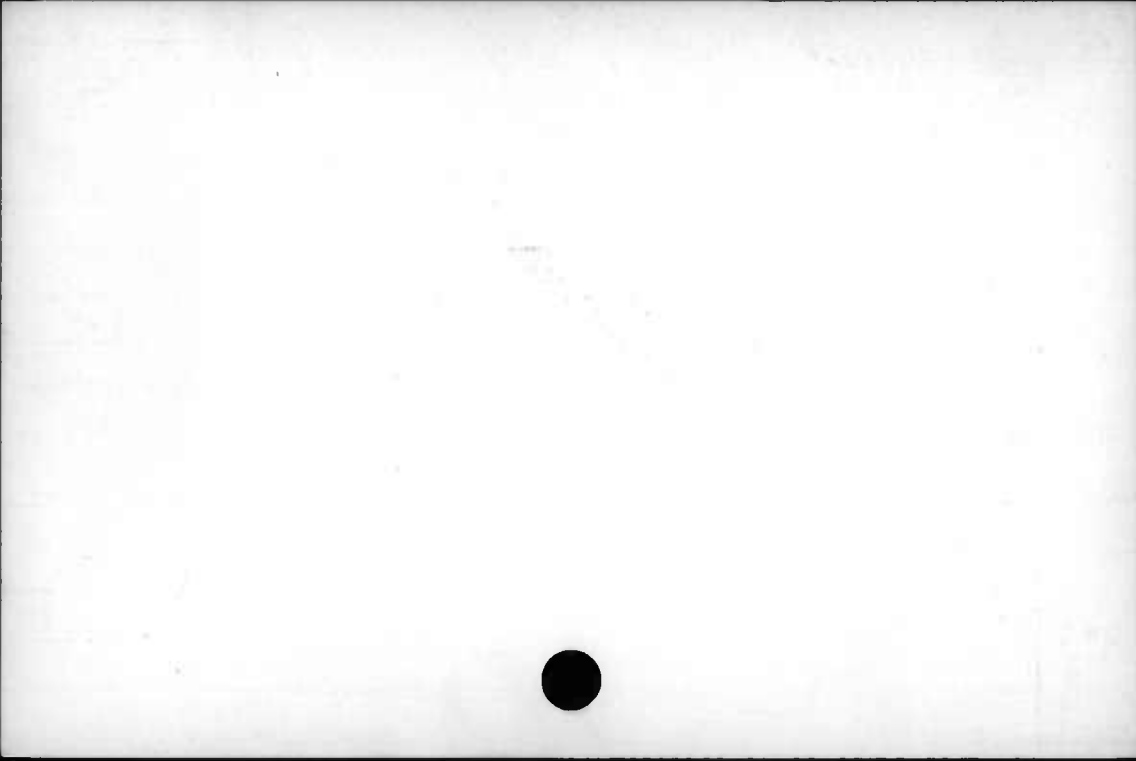
Immediate *Still birth* How long *Midnight*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Mrs. J. Burkhar*

Address *1011 Bolton St.*

*Accident or Suicide?*



Name  
in  
Full

Thomas F. E. Firmin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

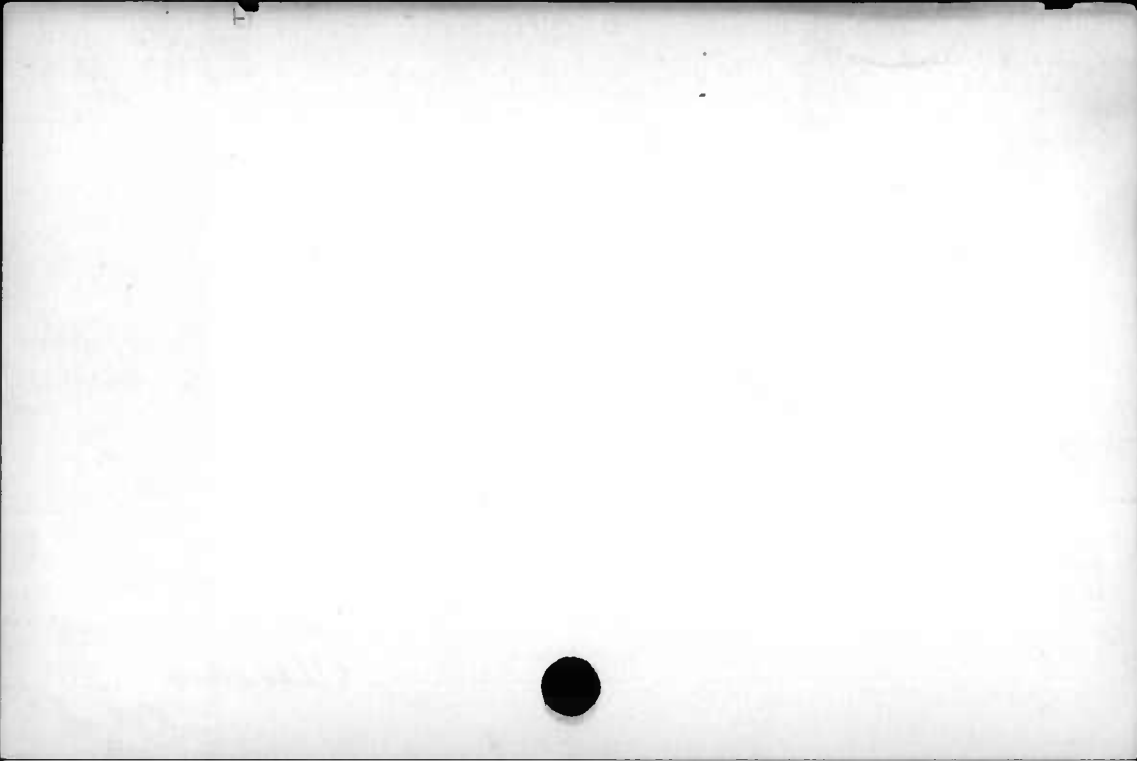
Died at <i>Leatonville</i> <sup>Town</sup>		<i>Polto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>24</i>		Age <i>53</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>England</i>			
Occupation <i>Party man</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or <del>husband</del> <i>Sarah A. Dowd</i>				
Father's Name <i>Wm.</i>	Father's Birthplace <i>England</i>		Mother's Birthplace <i>England</i>		
Mother's Maiden Name <i>Emily Hall</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Sarah A. Dowd</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular Dis of Heart</i>	How long <i>1 yr.</i>
Immediate <i>Central Emboli</i>	How long <i>5 minute</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Grey Nade</i>
	Address <i>Leatonville, Md</i>
Accident or Suicide? <i>No</i>	



Name in Full		County				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Baltimore, Co. Alameda		MARYLAND		
		Date of death		1907	Month 7	Day 17	Age about 35 yrs.	Years Months Days
		Sex		Male		Color or Race		White
		Occupation		Unknown		Birth- place		Unknown
		Where Residing if not at place of death		Unknown				
		Married, Single or Widowed		Unknown		Name of Wife or Husband		Unknown
		Father's Name		Unknown		Father's Birthplace		Unknown
		Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown
Name of person giving In formation		(27)		How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Tuberculosis of Lungs		For a long time kept		
		Immediate		+ Intestines		no dates		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Dr. Theo. C. Bussey		Texas		
		Accident or Suicide?				Md.		

F. Laasak & Son

Holy Redeemer Cemetery



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

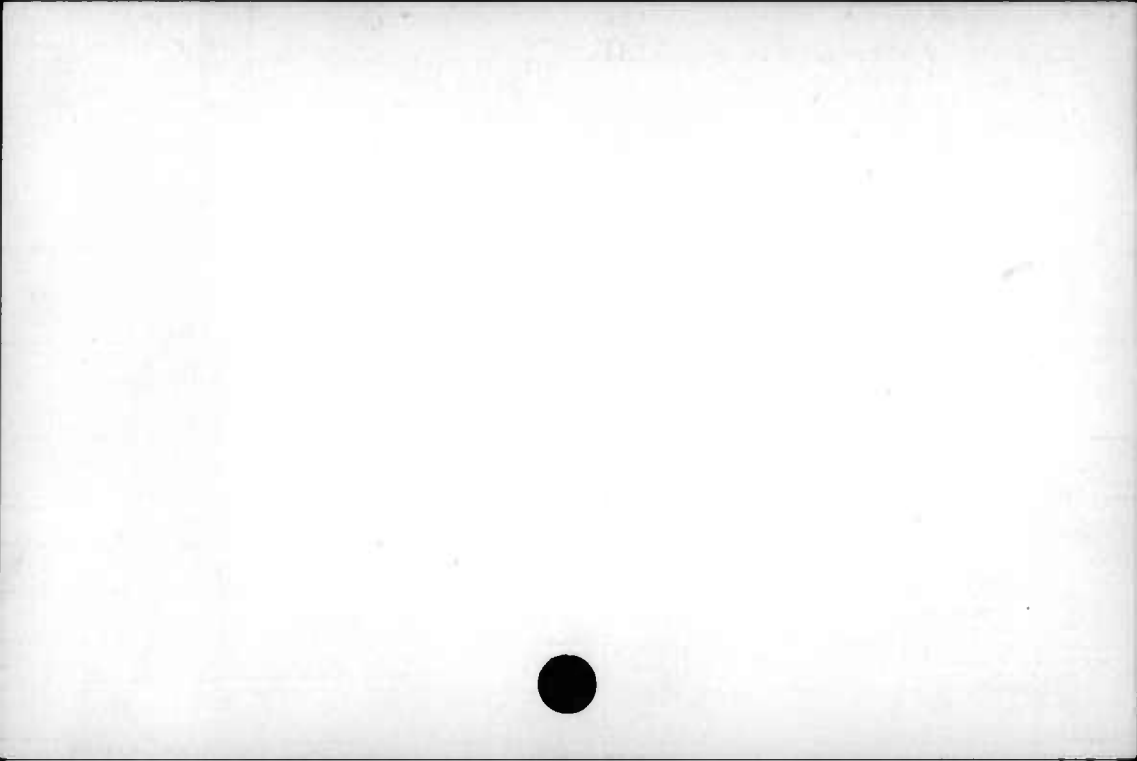
Name in Full <i>Hannah E. Foster</i>		Town <i>Wiseburg</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Wiseburg</i>		Month <i>7</i>		Day <i>23</i>		Age <i>67</i>	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>23</i>		Age <i>67</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months <i>9</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Foster</i>					
Father's Name <i>Thomas Cooper</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Nancy Matthews</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Harry M. Foster</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Chronic Pulmonary Tuberculosis</i>	How long <i>80 years</i>
Immediate <i>Interstitial Nephritis</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Foy &amp; M. B. Charleston</i>
Address <i>md</i>	
Accident or Suicide? <i>no</i>	



Name  
In  
Full

Jane Frederick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1907	Month	7	Day	16	Age
						53	Years
						3	Months
						9	Days
Sex		Female		Color or Race		White	
Birth-place		Carroll Co					
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
		Samuel Frederick					
Father's Name		Benjamin Lipton				Father's Birthplace	
						X Ind	
Mother's Maiden Name		Sarah Pearce				Mother's Birthplace	
						Frederick	
Name of person giving information		Samuel Frederick				How related to deceased	
						Husband	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 yrs-
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes-	
Signature of Physician		Vilmer E. Emerson M.D.	
Address		Cockeysville Md-	
Accident or Suicide?			

Interment at Poplar  
Cemetery Friday July  
19<sup>th</sup>

W. C. Brook

Name  
in  
Full

## CERTIFICATE OF DEATH

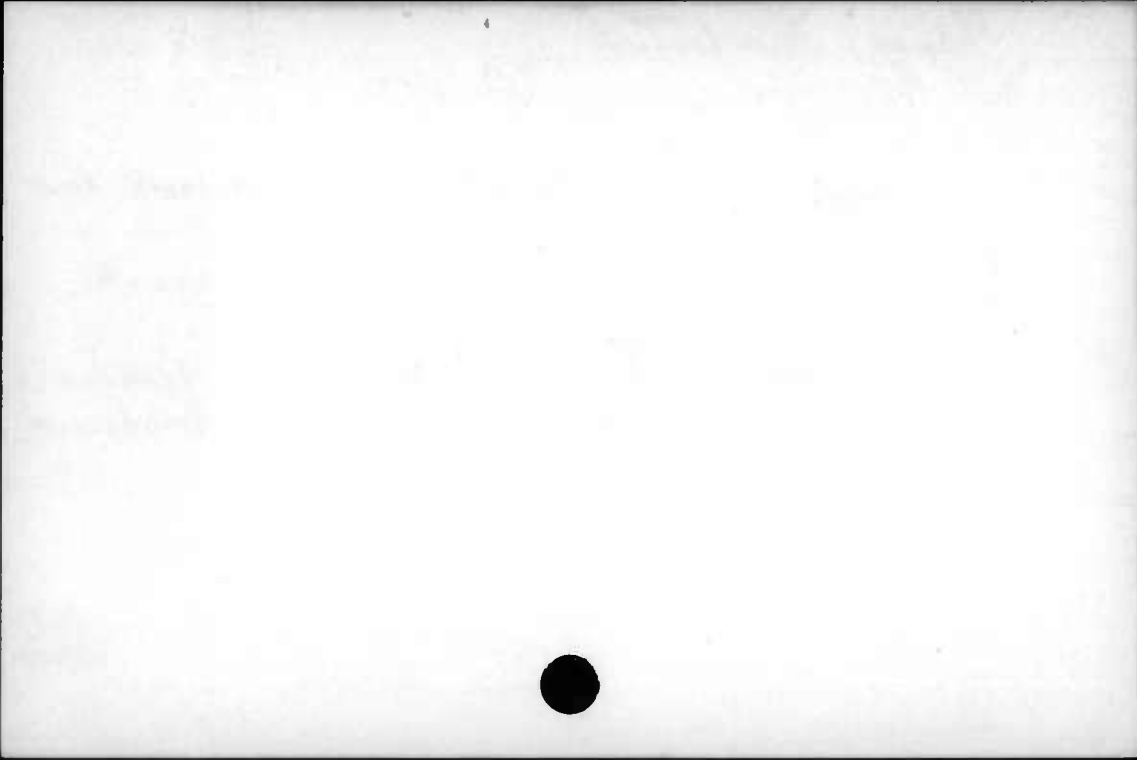
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Baby Freedom</b>		Town <b>Catonsville</b>		County <b>Balto</b>		MARYLAND	
Died at		Month <b>July</b>		Day <b>27</b>		Age Years _____ Months _____ Days _____	
Date of death <b>1907</b>		Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Catonsville</b>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <b>Adolph G. Freedom</b>				Father's Birthplace <b>Russia</b>			
Mother's Maiden Name <b>Leah Weinkranz</b>				Mother's Birthplace <b>Russia</b>			
Name of person giving information <b>A. G. Freedom</b>				How related to deceased <b>Father</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Still Born</b>		How long _____	
Immediate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. Maufeldt</b>	
		Address <b>Catonsville Ind</b>	
Accident or Suicide? _____			



Name in Full		Mildred E. French				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rosley		Balto.		MARYLAND	
	Date of death	1907	July	22	Age	9	7
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Rosley	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	James French		Father's Birthplace		Balto. Co.	
	Mother's Maiden Name	Georgia Parks		Mother's Birthplace		Balto. Co.	
	Name of person giving information	James French		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastro-Enteritis			How long	3 days -	
	Immediate	Meningitis -			How long	6 hours -	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Wilmer C. Ensor M.D.		
	Yes.			Address	Cockeysville Md.		
Accident or Suicide?							

John Burns Sons  
Sons  
Prospect Hill Cems.



Name  
in  
Full

Rate Sale

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1907</i>	<i>7</i>	<i>1</i>	<i>28</i>	<i>-</i>	<i>-</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birthplace <i>Maryland</i>		
Occupation <i>cook</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Wm Gale</i>				
Father's Name <i>Wm Fisher</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Lizzie Barnett</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>John T. Coburn</i>	How related to deceased <i>Step daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Heart failure</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C H Beetsen</i>
	Address <i>Mt. Washington</i>
Accident or Suicide?	<i>Md</i>



Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Martha Samble</i>		Town <i>Flamingo Heights</i>		County <i>Balto</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>8</i>		Years <i>43</i>	
Date of death <i>1907</i>		Age <i>43</i>		Months —		Days —	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. Pinckney Samble</i>					
Father's Name <i>Joseph Scott</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Ellen Small</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Geo. Pinckney Samble</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	<i>Heart stroke</i>	How long <i>4 hours</i>
Immediate	<i>Apoplexy</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>August W. Miller Brown</i>
		Address <i>Mm Winans</i>
Accident or Suicide?		<i>Balto Tr. Ma</i>



Name  
in  
Full

Ignatius A Gardiner.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catoonsville</i>		County <i>Galts Co</i>		MARYLAND			
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>13</i>	Years <i>80</i>	Months <i>5</i>	Days <i>29</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Retire'd</i>			Where Residing if not at place of death			<i>Catoonsville</i>
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband				<i>Elizabeth Gardiner</i>
Father's Name	<i>Ignatius A Gardiner</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Elizabeth Gardiner</i>					Mother's Birthplace	<i>Maryland</i>
Name of parson giving information	<i>W. G. Gardiner</i>					How related to deceased	<i>Son.</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	<i>(1574)</i>	How long	<i>2 months</i>	
Immediate	<i>Exhaustion</i>		How long	<i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician		<i>Thomas J. Talbott</i>
			Address		<i>1701 Euter Pl. Baltimore City</i>
Accident or Suicide?		<i>—</i>			

Place of Burial, Piscataway, Prince George Co.,  
Md.

Undertaker, Henry W. Mears & Son.

Name  
in  
Full

Nannie C. George

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roguel Heights</i> <sup>Town</sup>		<i>Balto Co.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Year</sup>	<i>July</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	Age <i>64</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Calvert Co Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Woodlawn Md</i>				
Married, <i>Yes</i> or <i>Widowed</i>	Name of Wife or Husband <i>Mr E. George</i>				
Father's Name <i>Thomas Tongue</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Jane Johnson</i>	Mother's Birthplace <i>Phila. Pa.</i>				
Name of person giving information <i>Mr E. George</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

1120

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>	How long <i>unknown</i>
Immediate <i>Uremic coma</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>Silas Baldwin M.D.</i>
Accident or Suicide? <i>Neither</i>	Address <i>700 W. Lafayette Ave. Baltimore Md</i>

J. B. Cook  
Funeral Director  
Mt. Olivet Cemetery



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elizabeth Gerbig</i>		Town <i>Walbrook</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Walbrook</i>		Date of death July 26 <i>1900</i>		Age 76		Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Walbrook</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John Gerbig</i>					
Father's Name <i>Geo Kuchle</i>		Father's Birthplace <i>Germany-</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Charlotte J. Am.</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral regurgitation</i>	How long <i>Several years</i>
Immediate <i>Exhaustion, shock</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H.S. Gorsuch</i>
	Address <i>501-E-72nd St. Baltimore, Md.</i>
Accident or Suicide? <i>No</i>	

~~even~~ J. Tucker & sons  
Camden & Paca Sts.

Bury in Baltimore Cemetery  
Sunday afternoon

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <del>John</del> Child of John Laura Dilchrist		Town Highlandtown		County Balto		MARYLAND	
Died at		Month 7		Day 17		Age 7	
Date of death 190		Sex Male		Color or Race White		Birth-place Balto	
Occupation None		Where Residing if not at place of death 8 Chesapeake Pl					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Dilchrist		Father's Birthplace Scotland					
Mother's Maiden Name Laura Harvey		Mother's Birthplace England					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. S. Warner  
1120 Highland

Accident or Suicide?

no

W. Barnes  
Cemetery  
J. Henryson  
7/18/09

Name  
in  
Full

Robt. C. Goodbread

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Sparrows Point County Balto.

Died at

Date of death 1907 July 4 Age 19 Months Days

Sex Male Color or Race White Birth-place Brooklyn

Occupation Student Where Residing if not at place of death Brooklyn

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Jos Blair How related to deceased None

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

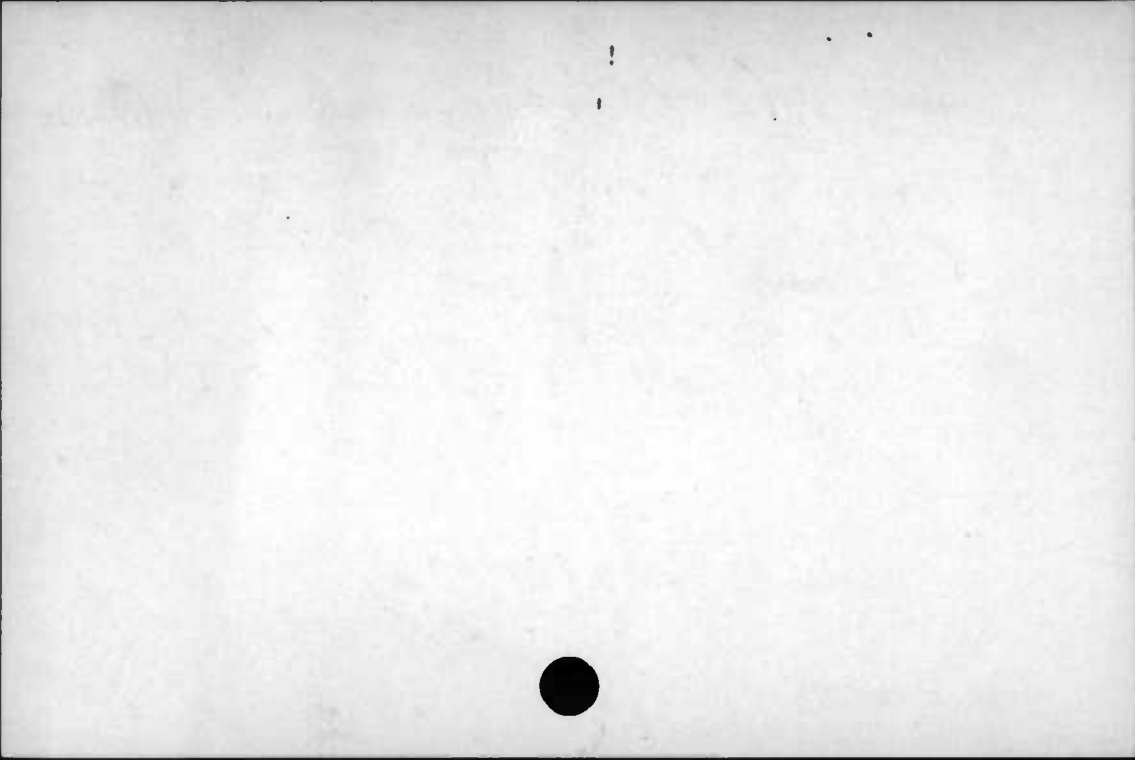
Signature of Physician

Address

Accident or Suicide

Accidental

Jos Blair  
Sparrows Point  
Md



Name  
in  
Full

Bessie Goodman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Towson</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>July</u> <small>Month</small>	<u>6</u> <small>Day</small>	Age <u>23</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>not known</u>		
Occupation <u>not known</u>	Where Residing if not at place of death <u>1042 Ridgely</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>not known</u>				
Name of person giving information <u>W R Duntou, Jr</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

(96)

PHYSICIAN  
OR CORONER

Primary <u>Gangrene of Lung</u>	How long <u>4 wks?</u>
Immediate <u>hemorrhage from lung</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>so as to show</u>	Signature of Physician <u>W R Duntou, Jr</u>
	Address <u>S. E. P. Hospital</u>
Accident or Suicide? <u>no</u>	<u>Towson, Md</u>

Wm Lewisohn  
Bethel + Mc Uderby



Name in Full		George Morris Gray				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Overlea <sup>Town</sup> (Fullerton P.O.)		Baltimore <sup>County</sup>		MARYLAND	
	Date of death	1907	Month 7	Day 9 <sup>th</sup>	Age 6	Years 5	Months 8
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Schoolboy		Where Residing if not at place of death		Balt. Md.	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	George Thomas Gray		Father's Birthplace		Virginia	
	Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown	
Name of person giving information	Marcella E. Webster		How related to deceased		Balt. Md.		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">28</div>							
PHYSICIAN OR CORONER	Primary	Tubercular Meningitis				How long	3 weeks.
	Immediate	Cardiac Failure				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. L. Wilkinson
					Address		Raspensburg P.O. Md.
Accident or Suicide?		Neither					

Mr. Oliver Cemetery  
J Hennig & Son

7/10/07

Name  
in  
Full

Richard H. Green Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

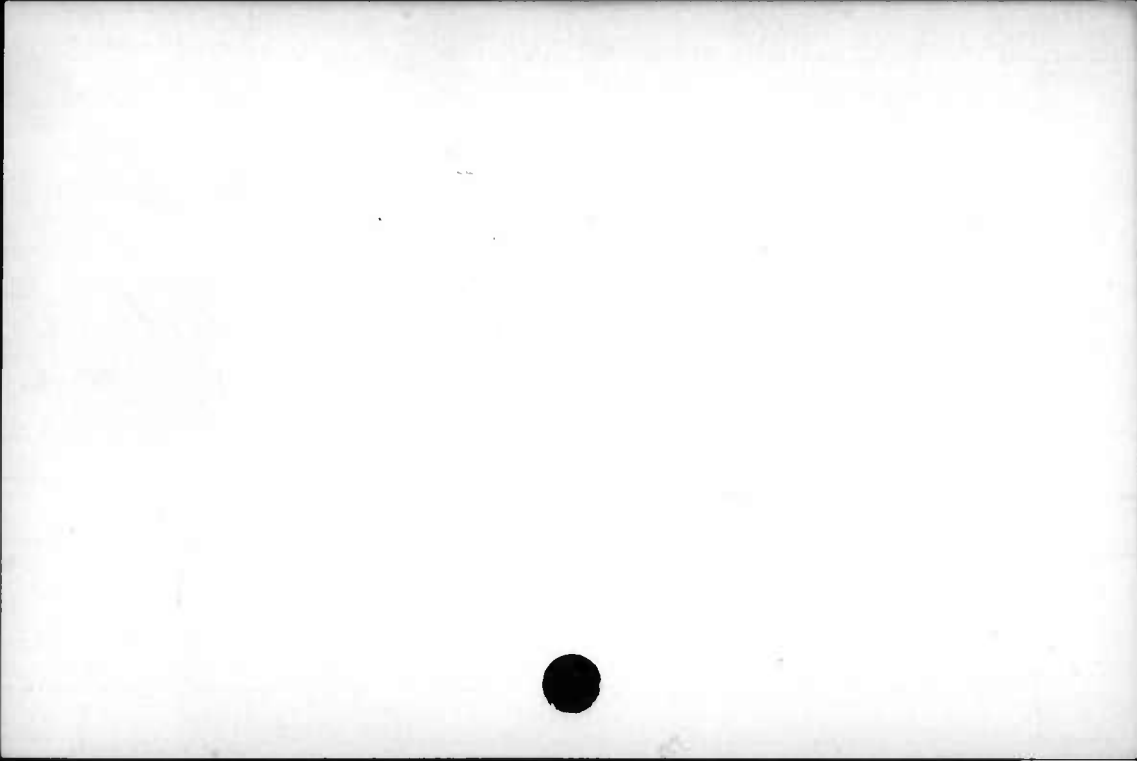
Died at *St. Agnes Hospital* *Baltimore* County  
 Date of death *1907* Month *July* Day *18th* Age *42* Years Months Days  
 Sex *male* Color or Race *white* Birth-place *Maryland*  
 Occupation *Solicitor* Where Residing if not at place of death *Annapolis Md.*  
 Married, Single or Widowed *Single* Name of Wife or Husband  
 Father's Name *Richard H. Green* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Harriet Kent* Mother's Birthplace *Maryland*  
 Name of person giving information *Nicholas Green* How related to deceased *Brother*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Valvular Disease of Heart.* How long ?  
 Immediate *Empyema* How long *2 mos.*  
 Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *H. H. Lazen*  
 Address *St. Agnes Hospital.*  
 Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James, F. Hagan*  
Town *Baldwin* County *Baltimore* MARYLAND

Died at *Baldwin*

Date of death *1907* Month *July* Day *10* Age *60* Years *three* Months *Ten* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Stone Mason* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Regina Hagan*

Father's Name *Thomas Hagan* Father's Birthplace *Ireland*

Mother's Maiden Name *Ellen Mathews* Mother's Birthplace *Ireland*

Name of person giving information *Catharine* How related to deceased *Daughter*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary *Cancer of Uterus* How long *one year*

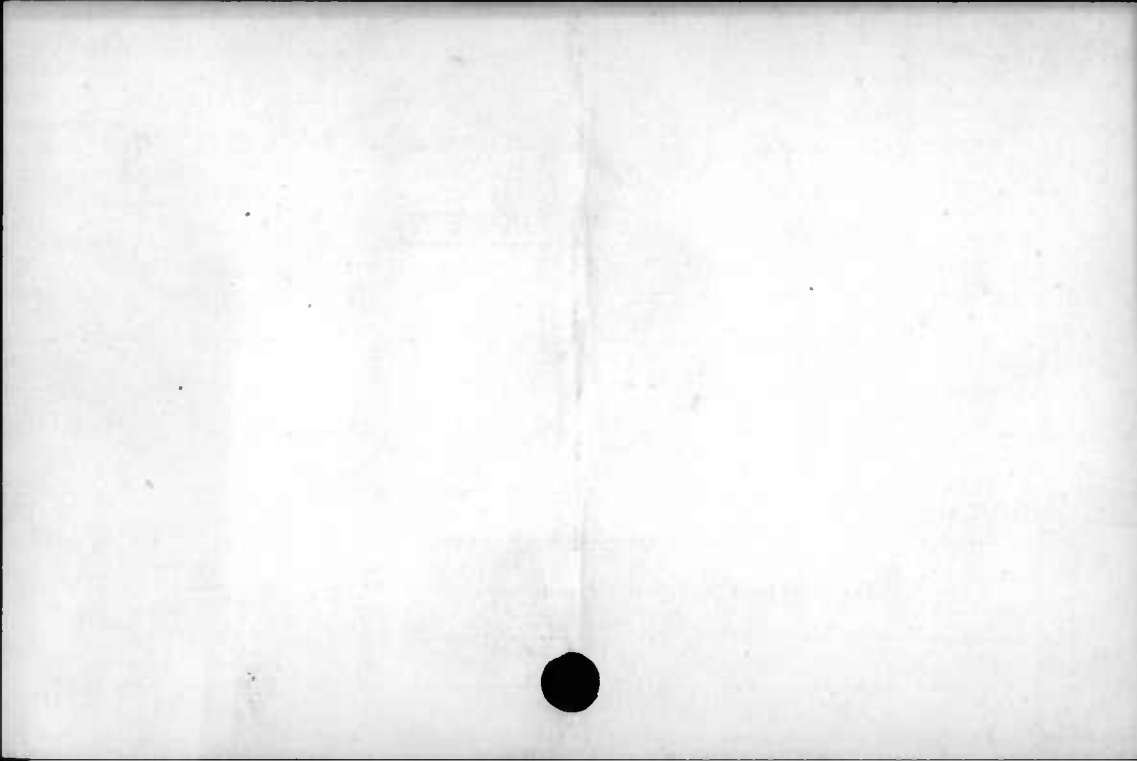
Immediate " " " " " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>George H. Hamilton</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>8</i>		Age <i>15</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>625 Pratt St Highlandtown</i>					
Married, Single <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Geo. H. Hamilton</i>		Father's Birthplace <i>N.Y.</i>					
Mother's Maiden Name <i>Fannie M. Miller</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Charles H. Glenn</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Acute Tuberculosis</i>	How long <i>2 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. Geo. L. Quax</i>
Accident or Suicide? <i>No</i>	Address <i>3904 E. 11th St Highlandtown</i>

Dear Friend

3rd. Long St.



Name  
in  
Full

William E Hartman

## CERTIFICATE OF DEATH

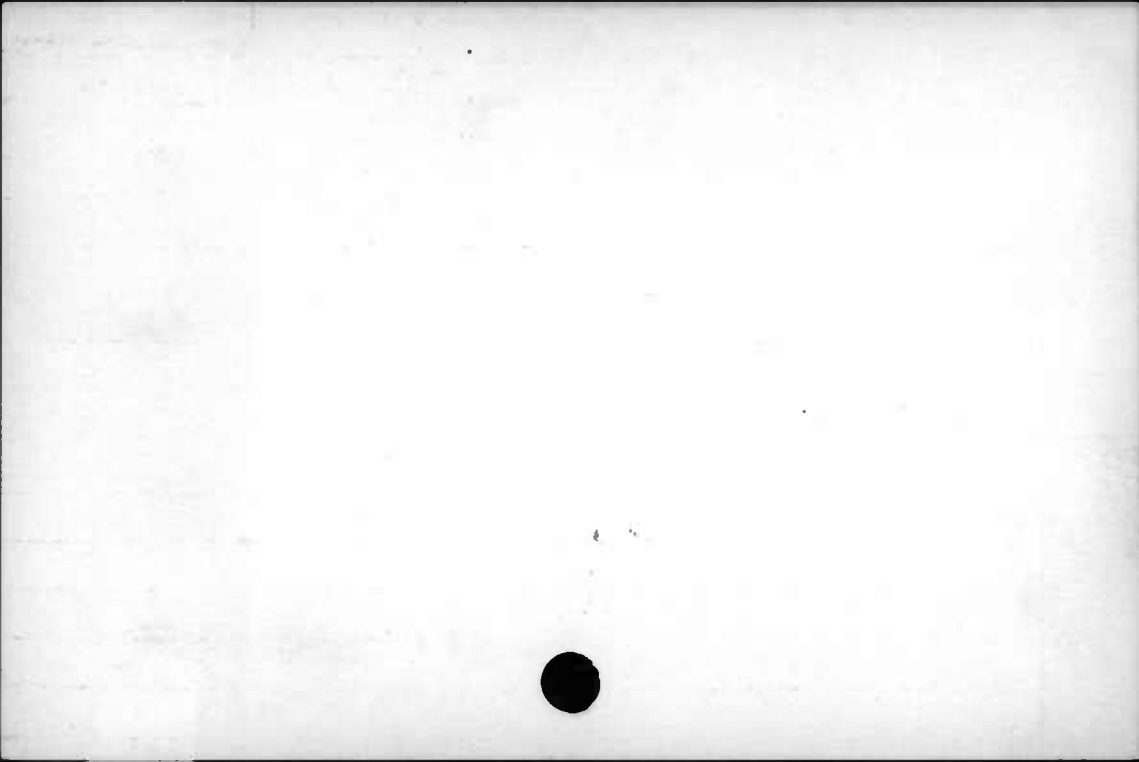
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lauraville		County Baltimore		MARYLAND	
Date of death	1907	Month July	Day 10	Age	22 months	Months 22	Days 14
Sex	Male		Color or Race	White		Birth- place	Baltimore City
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Convulsions	How long	36 hours
Immediate	Brain congestion	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Edwyn G. Darling
		Address	Lauraville Maryland
Accident or Suicide?			



Name  
in  
Full

Still Born

Hedrick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Towson TownBalto. County Co.

MARYLAND

Date of death 1907 Month JulyDay 29Age — YearsMonths —Days —Sex MaleColor or  
RacewhiteBirth-  
placeTowson

Occupation

Where Residing if not  
at place of deathTowsonMarried, Single  
or WidowedSingleName of Wife or  
HusbandFather's  
NameVora HedrickFather's  
BirthplaceWarrers. Balto.Mother's  
Maiden NameBertha CaannerMother's  
BirthplaceYork. Co. Penn.Name of person giving  
In formationVora HedrickHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

Severe hemorrhage from laceration during birth

How long

Two hours

Immediate

Hemorrhage

How long

50 50Are the name, age, sex, color, date  
and place correctly given above?yesSignature of  
PhysicianL. H. Lane

Address

TowsonAccident or Suicide?

Poplar Cemetery

Balto. Co.

John Burns Sear  
Towns on

Name  
in  
Full

William. Heinmuller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

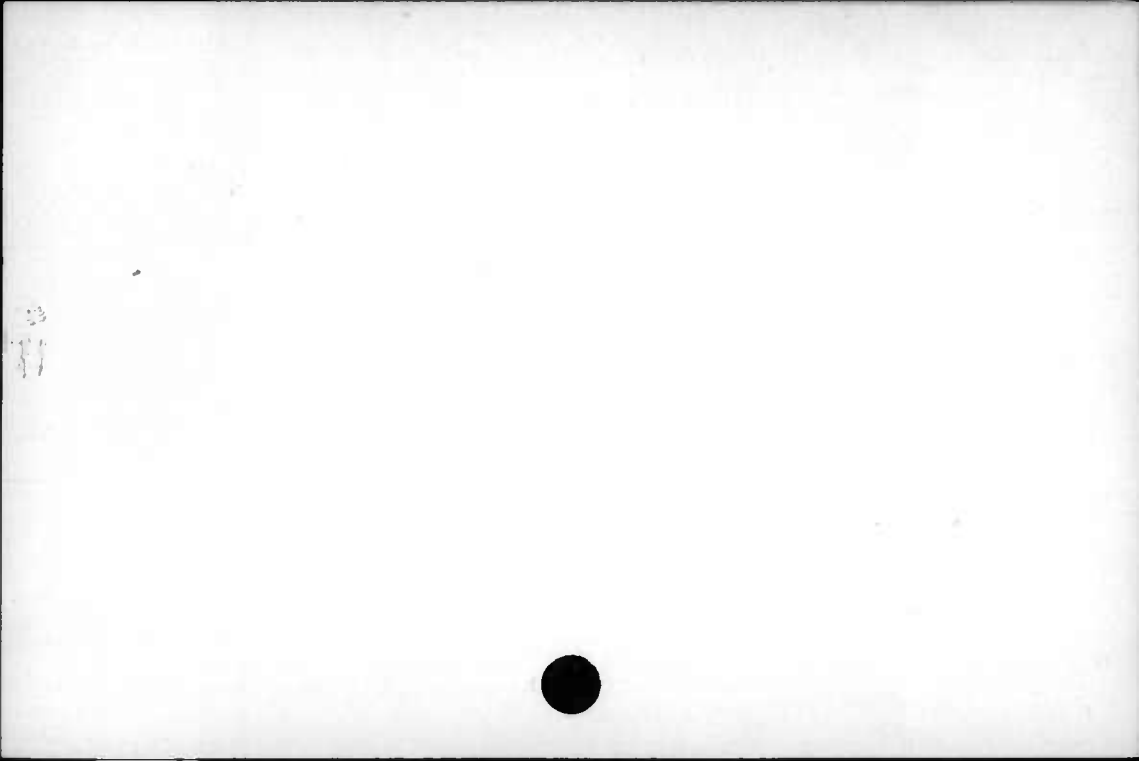
Died at <i>Catonsville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>21</i>	Age <i>—</i>	Months <i>4</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Catonsville Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George Heinmuller</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Laura Catherine E. Seidel</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>George Heinmuller</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary <i>Cerebro Spinal Meningitis</i>	How long <i>2 days</i>
Immediate <i>Convulsion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. C. L. Mafford</i>
	Address <i>Catonsville Md</i>
Accident or Suicide? <i>—</i>	



Name in Full		Certificate of Death			
Catherine D. Helwig		Lansdowne		Baltimore	
Died at		Town		County	
Date of death		1907	Month	July	Day
Sex		Female	Color or Race	White	Age
Occupation		Birth-place		Baltimore Md	
Where Residing if not at place of death					
Name of Wife or Husband		Chas W. Helwig			
Father's Name		Mother's Birthplace		Baltimore Md	
Mother's Maiden Name		Mother's Birthplace		C E Y	
Name of person giving information		How related to deceased		Father	
Chas W. Helwig					
CAUSES OF DEATH		105			
Primary		Cholera Infantis		How long	
Immediate		Convulsions		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Frank H Ruhl	
Address		Lansdowne		Baltimore Md.	
Accident or Suicide					

Phip. J. Hill & Son

Balt. Co



Name  
in  
Full

Minnie E Hergensroder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Walnut &amp; Edmondson Bldg</u>		Town	County	MARYLAND	
Date of death	1907	Month	July	Day	20 <sup>th</sup>
Sex	Female	Color or Race	white	Age	38
Occupation	none	Where Residing if not at place of death	2530 Hoffman St Md Baltimore		
Single	Name of Wife or Husband				
Father's Name	Christia W. Hergensroder			Father's Birthplace	Germany
Mother's Maiden Name	Anna Hoffmann			Mother's Birthplace	Germany
Name of person giving information	Garnette Hergensroder			How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute nephritis	How long	12 mo
Immediate	Chronic -	How long	4 yrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J Fred Adams	
Address		1314 N Charles St Baltimore	
Accident or Suicide?			

Stewart & Mowen Co  
Undertakers  
215 Park Ave  
Baltimore Md  
Interment at  
Garden Park Cemetery

1914 11 11

H. J. Mowen

Name  
in  
Full

Bernard Herman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>July</u> <small>Day</small> <u>23</u> <small>Years</small> <u>25</u>		<u>6</u> <small>Months</small>		<u>8</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>	
Occupation <u>Blacksmith</u>		Where Residing if not at place of death <u>205 Dillon st</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Sebastian Herman</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Mary Augneski</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Mary Herman</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	<u>Theromic fever</u>	How long	<u>36 hrs.</u>
Immediate	<u>Cardiac &amp; respiratory failure</u>	How long	<u>abt 3 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. W. Winger</u>	
		Address <u>Canton &amp; Dillon Sts.</u>	
Accident or Suicide?			

Sacred Heart Cemetery

July 26.

Girklen & Girkler

1739 E. Eager st

Name  
in-  
Full

CERTIFICATE OF DEATH

James E. Kalloway

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Catonoville <sup>Town</sup> Baltimore <sup>County</sup>

MARYLAND

Date of death 1907 7 31 Age 36 Months - Days -

Sex male Color or Race white Birth-place N. Carolina

Occupation attendant Where Residing if not at place of death Catonoville

~~Married~~ Single or ~~Widow~~ Name of Wife or Husband

Father's Name Kenny I neving Hollan Father's Birthplace N. Carolina

Mother's Maiden Name Betsy Metters Mother's Birthplace N. Carolina

Name of person giving information J. M. Baughan How related to deceased nephew

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Brights disease How long 3 years -

Immediate Uremia Convulsions How long Half hour -

Are the name, age, sex, color, date and place correctly given above?

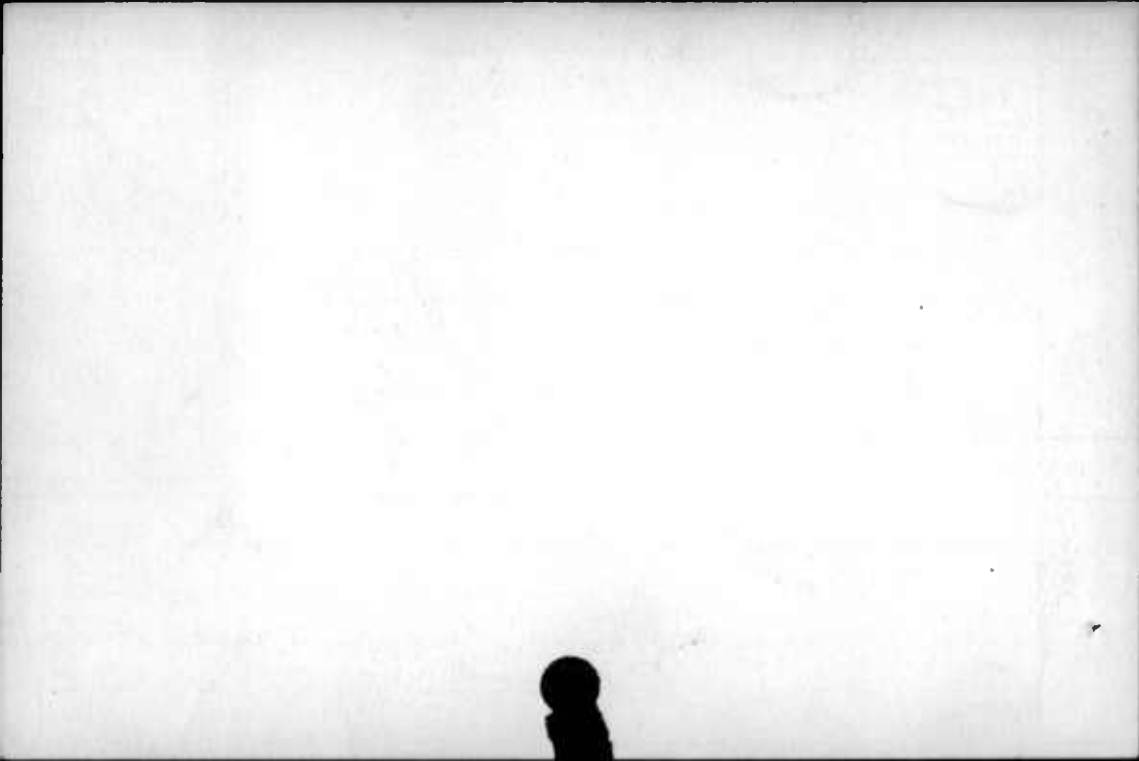
Signature of Physician

Address

Yes -

J. Percy Wade Sup't  
MD Hospital for Insane  
Catonoville, Md

Accident or Suicide? No -



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

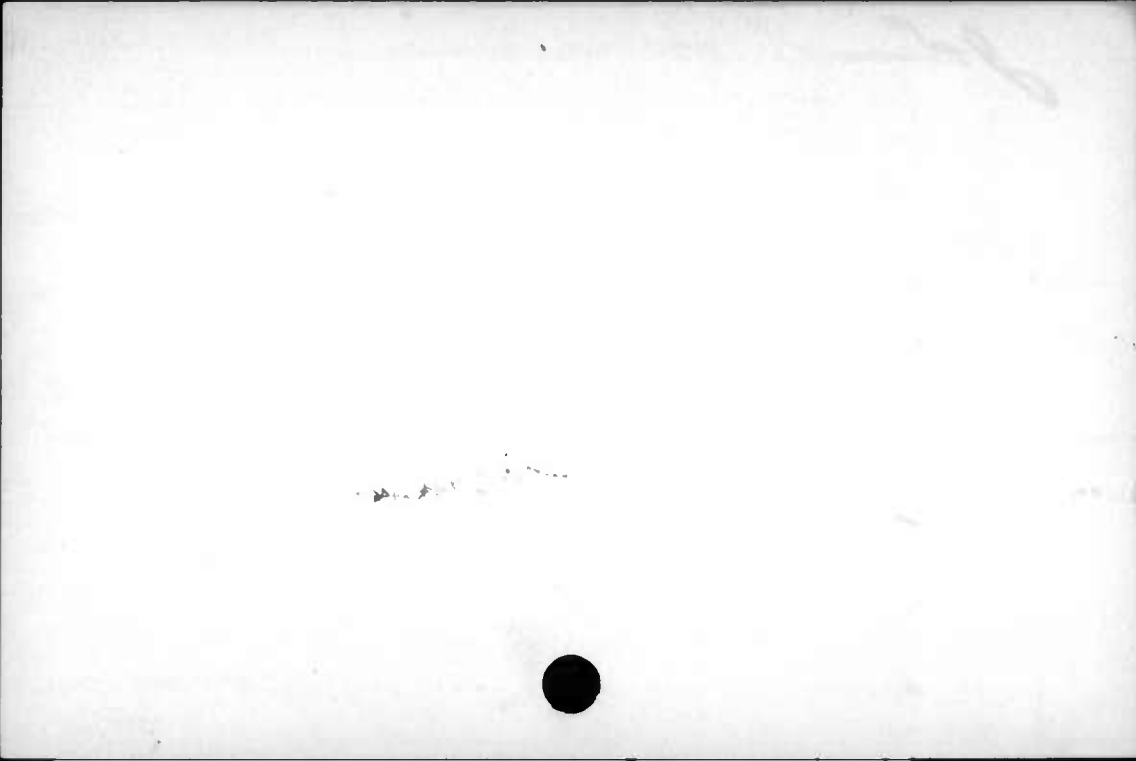
Died at <i>Baltimore Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>18</i>	Age <i>88</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>School Teacher</i>			Where Residing if not at place of death <i>1130 - Homewood Ave.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Capt. James Hooper</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Susan Smith</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Miss L. M. Hall</i>		How related to deceased <i>Niece</i>			

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <i>Strangulated Femoral Hernia</i>	How long <i>? years</i>
Immediate <i>Strangulated Femoral Hernia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. H. Hager</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John A. Housman*  
 Died at *Old Line* Town *Baltimore* County

MARYLAND

Date of death | 90 7 | Month *July* | Day *20<sup>th</sup>* | Age *52* | Years | Months *1* | Days *29*

Sex *Male* | Color or Race *White* | Birth-place *Ches. Baltimore*

Occupation *Farmer* | Where Residing if not at place of death *—*

Married, Single or Widowed *Married* | Name of Wife or Husband *Mary Grace Housman*

Father's Name *Wilson Housman* | Father's Birthplace *Ches. Md*

Mother's Maiden Name *Mary Jane Allen* | Mother's Birthplace *Ches. Md*

Name of person giving information *Charles Spenser Housman* | How related to deceased *Son*

## CAUSES OF DEATH

Primary *Atherosclerosis* | How long *64* | *Ten years*

Immediate *Atherosclerosis* | How long *one hour*

Are the name, age, sex, color, date and place correctly given above? *Yes* | Signature of Physician *E. M. T. Lewis M.D.*

Address *Parkston*

Accident or Suicide? *No*



Name  
in  
Full

Baby. Howard.

## CERTIFICATE OF DEATH

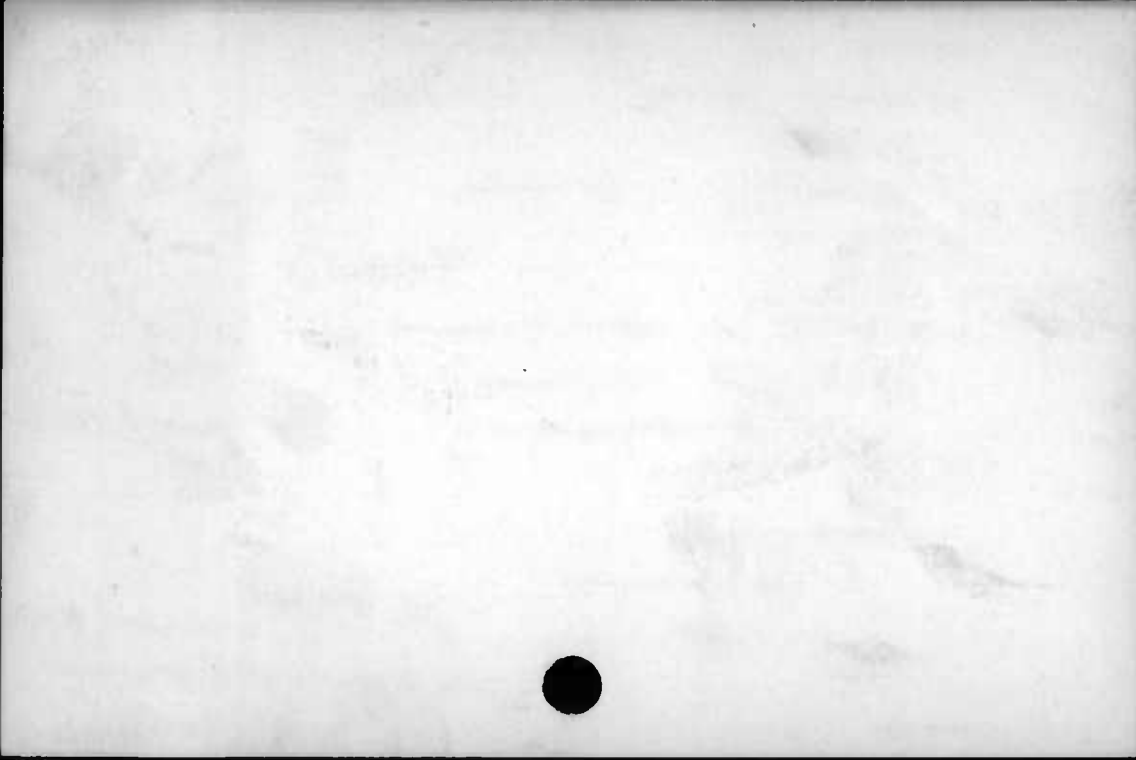
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>July</u> <small>Day</small> <u>25</u> <small>Year</small>		Age <u>Still born.</u> <small>Months</small>		<u>Days</u>	
Sex <u>female</u>		Color or Race <u>Colored</u>		Birth-place <u>Catonsville</u>	
Occupation <u>_____</u>		Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>_____</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>Chas Howard</u>		<u>(S)</u>		Father's Birthplace <u>Howard Co</u>	
Mother's Maiden Name <u>Susie King.</u>				Mother's Birthplace <u>va</u>	
Name of person giving information <u>Chas Howard</u>				How related to deceased <u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still born.</u> <u>(S)</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Marshall Bloss</u>
		Address <u>Catonsville</u>
		<u>Md.</u>
Accident or Suicide? <u>_____</u>		



Name  
in  
Full

Harry C. Huckman

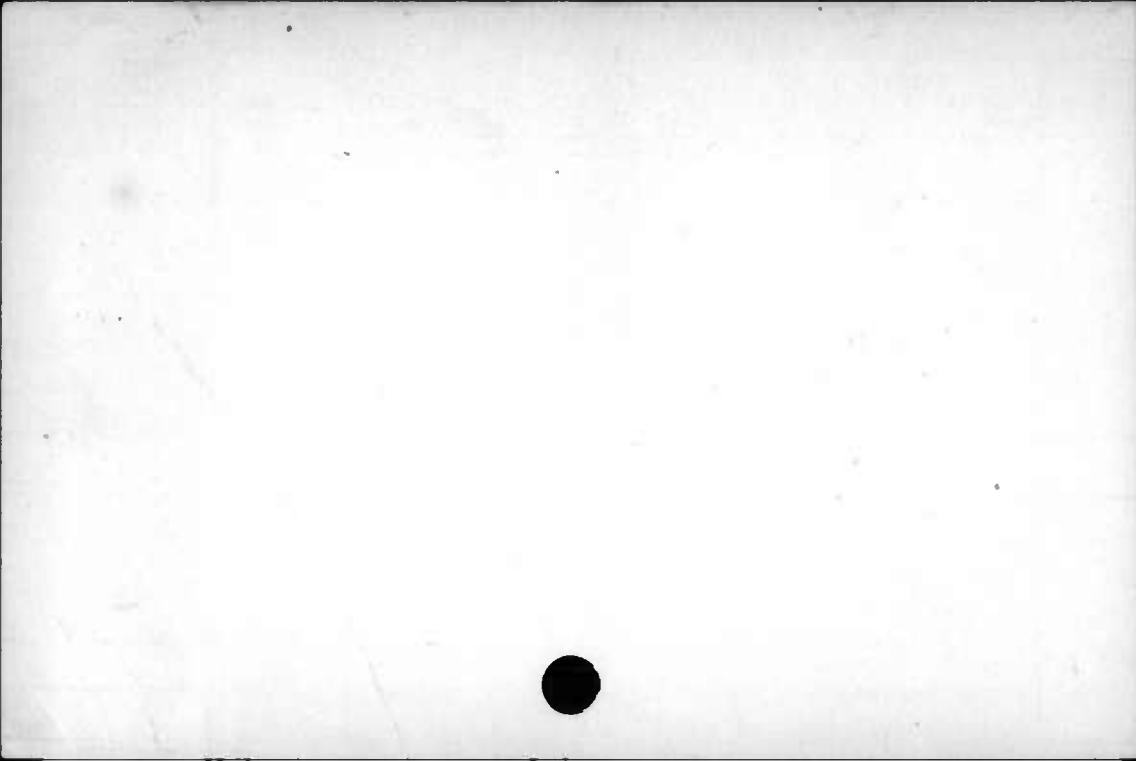
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spanish Point</i>		County <i>Beall</i>		MARYLAND	
Date of death	1907	Month	July	Day	11
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Spanish Point</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Harry C. Huckman</i>		
Mother's Maiden Name			<i>Mary D. Green</i>		
Name of person giving information			<i>Al Huckman</i>		
Father's Birthplace			<i>Poa</i>		
Mother's Birthplace			<i>Mo</i>		
How related to deceased			<i>Grand Father</i>		

## CAUSES OF DEATH

Primary	<i>Infectious</i>	<i>145</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>		How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>F. C. Eldred</i>		
Address		<i>Spanish Point</i>		
Accident or Suicide?		<i>No</i>		



Name  
in  
Full

Annie G. Hughes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> <sup>Town</sup>		<i>Balto Co</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>30</i>	Age <i>49</i>	Months <i>unknown</i> Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind-</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Reed, Mt Hope</i>			How related to deceased <i>not at all</i>		

## CAUSES OF DEATH

(69)

PHYSICIAN  
OR CORONER

Primary <i>Mania Epileptic -</i>	How long <i>7 or 9 years</i>
Immediate <i>Ex - Status Epilepticus -</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Balto Co Ind.</i>
Accident or Suicide? <i></i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

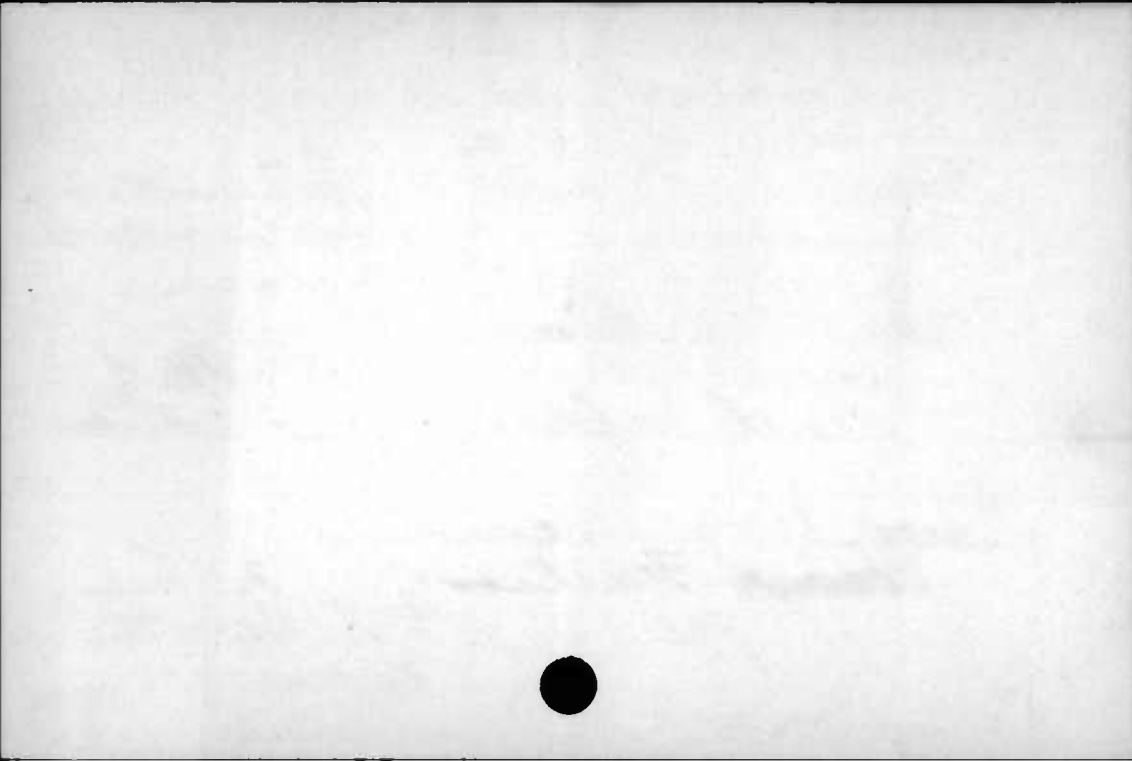
Name in Full		Robert Hurtt		Town		Sparrows Point		County		Balto.		State		MARYLAND	
Died at		Date of death		Month		Day		Age		Years		Months		Days	
Sex		Male		Color or Race		Negro		Birth-place		Virginia		Occupation		Laborer	
Married, Single or Widowed		Single		Name of Wife or Husband				Where Residing if not at place of death		Sparrows Point					
Father's Name		Patrick Hurtt		Father's Birthplace		Va.		Mother's Maiden Name		Lottie Carter		Mother's Birthplace		Va.	
Name of person giving information		Jas Blair		How related to deceased		None									

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary		Accidental Drowning		How long			
Immediate		Accidental Drowning		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Jas Blair (Coroner)	
Address		Sparrows Point		Md.			
Accident or Suicide?		Accident					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

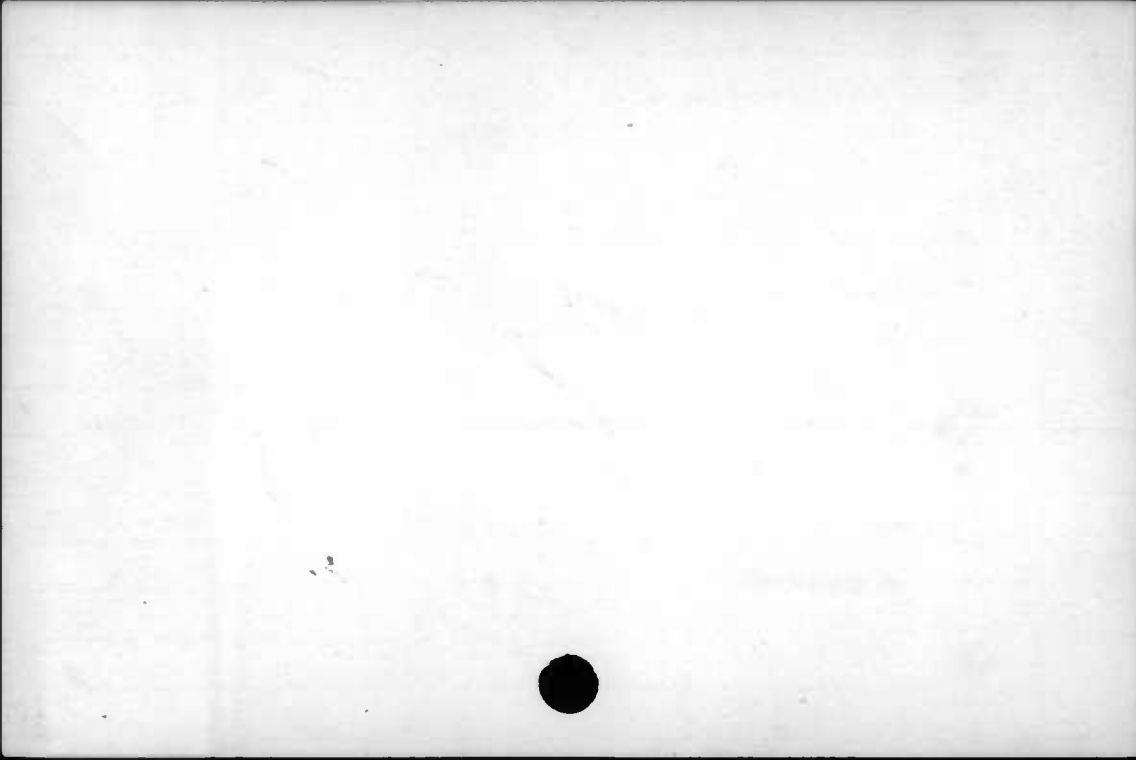
Died at <i>Brooklandville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	July	Day	19	Age	27
Sex	Female	Color or Race	White	Birth-place	Emmitsburg Md	Months	7
Occupation	House work	Where Residing if not at place of death	Brooklandville Md	Years	23	Days	
Married, Single or Widowed	Married	Name of <del>hus</del> or Husband	Joseph B. Hyland	Father's Name	James J. McBlaine	Father's Birthplace	Pa
Mother's Maiden Name	Mary E. Galping	Mother's Birthplace	Md.	Name of person giving information	Mary E. McBlaine	How related to deceased	Mother

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary	Brook Wood Alcohol	How long	L
Immediate	<del>Heart</del> Failure	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm L. Secuth
		Address	Rider
Accident or <del>suicide</del> ?	Accident		Md.



Name  
in  
Full

Mary Joseph. Ibbott.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

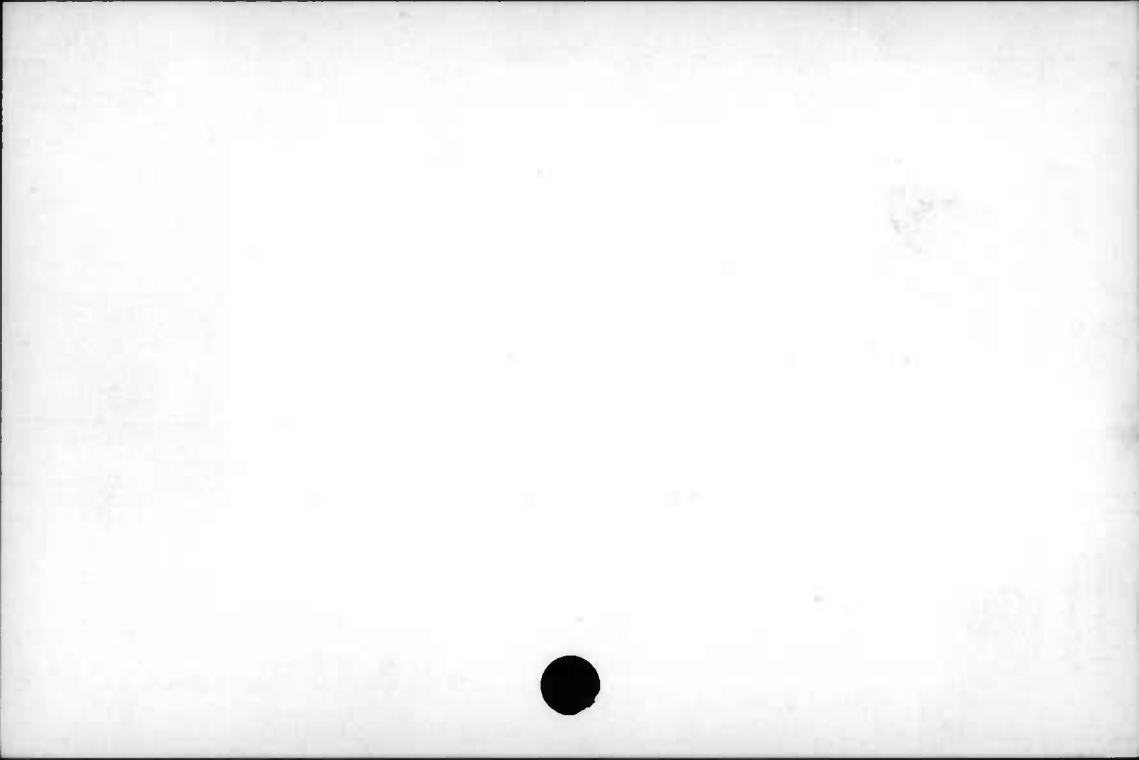
Died at <i>314 Hudson St.</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>15</i>	Age <i>33 yrs</i>	Months <i>—</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Scotland</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alfred Ibbott.</i>				
Father's Name <i>—</i>	<i>Tanner</i>		Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Alfred Ibbott</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<i>Acute Pneumonic Phthisis</i>	How long <i>2 weeks</i>
Immediate	<i>Asthenia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. J. McAvoy M.D.</i>
		Address <i>839 S. Canton St. Balt. Md.</i>
Accident or Suicide?		



Name  
in  
Full

Still Born Mary + Alfred Abbott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Canton		County Balto.		MARYLAND	
Date of death		1907	Month July	Day 11	Age Years	Months	Days
Sex		Female		Color or Race White		Birth- place Ma	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Alfred Abbott		Father's Birthplace Ma	
Mother's Maiden Name				Mary Maxine		Mother's Birthplace "	
Name of person giving in formation				Alfred Abbott		How related to deceased father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		Still birth	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Mary M. Taylor	
		Address	
		611 S. Patterson Pl. Ave	
		Balto. Md.	
Accident or Suicide?			

Mr Carmel  
H. Fowler & Sons



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Calvertonville</i>		County <i>Dalles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>12</i>	Age <i>50</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unable to obtain information</i>				
Father's Name <i>Greenleaf Johnson</i>	Father's Birthplace <i>New Hampshire</i>		Mother's Birthplace <i>Ida</i>		
Mother's Maiden Name <i>Elyzabeth Harrison</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Mrs Greenleaf Johnson</i>					

## CAUSES OF DEATH

(67)

PHYSICIAN  
OR CORONER

Primary <i>General Paresis</i>	How long <i>6 mos.</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Percy Wade</i>
	Address <i>Calvertonville, Md</i>
Accident or Suicide? <i>No</i>	

Henry H. Jenkins House Co

Greenmount Cinn.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Rba Anna Johnson*

Died at *Mt Carmel* Town *Baltimore* County *MARYLAND*

Date of death *1907* Month *July* Day *24* Age *5* Years *16* Months *5* Days *16*

Sex *Female* Color or Race *White* Birth-place *Mt. Carmel*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Harry A. Johnson* Father's Birthplace *Mt Carmel*

Mother's Maiden Name *Laura M. Lytle* Mother's Birthplace *Parson*

Name of person giving information *Laura M. Lytle* How related to deceased *Mother*

CAUSES OF DEATH

*105*

PHYSICIAN  
OR CORONER

Primary *Acute Enteritis* How long *1 week*

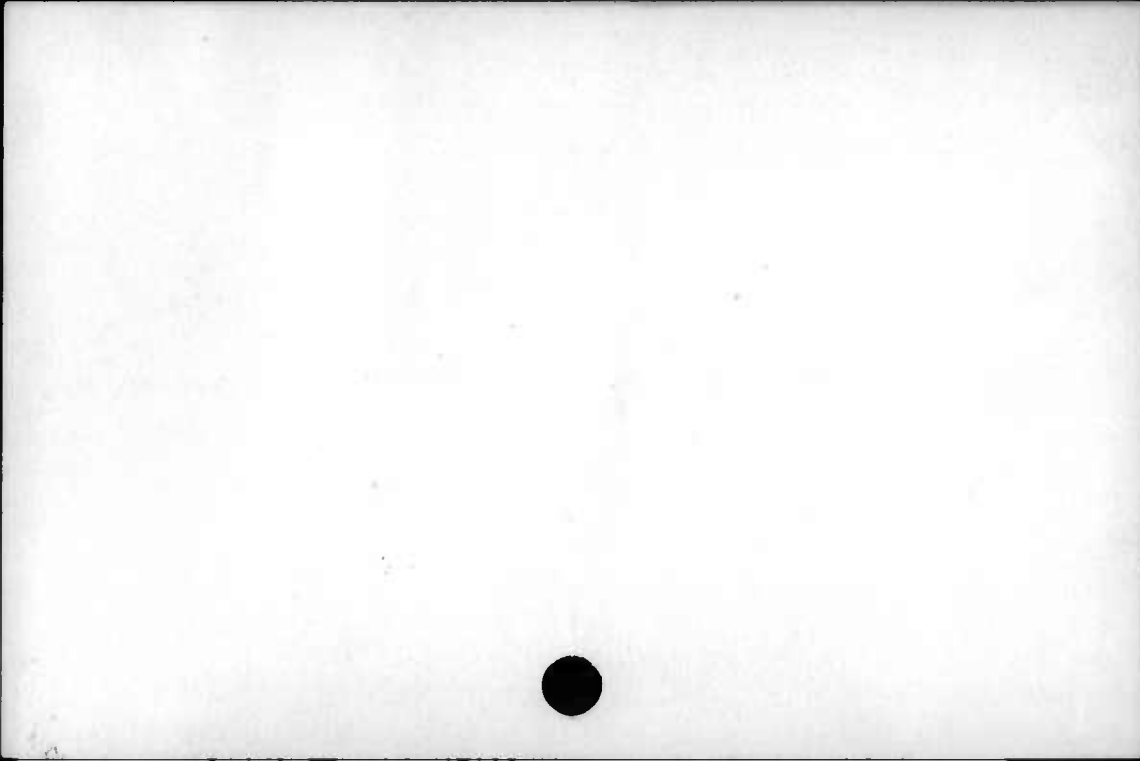
Immediate *Gonorrheic Distension* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. B. Mitchell*

Address *Monkton, Md.*

Accident or Suicide? \_\_\_\_\_



Name

in  
Full

Riversy Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chattanooga		County Baltimore		MARYLAND	
Date of death	1907	Month July	Day 15 <sup>th</sup>	Age 2-15-4	Years 81	Months 3	Days 19
Sex	male		Color or Race	White		Birth- place	Baltimore
Occupation	Retired			Where Residing if not at place of death 621 St. Paul St. Balto.			
Married, Single or Widowed	widower		Name of Wife or Husband	Mary Patterson			
Father's Name	Riversy Johnson					Father's Birthplace	Baltimore
Mother's Maiden Name	Mary Bowie					Mother's Birthplace	Marlborough Prince Georges Co.
Name of person giving In formation	Mary M. Krue					How related to deceased	601. N. Charles St Balto

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Arterio-sclerosis - old age		How long	-
Immediate	Nephritis		How long	last illness 1 week.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John Stutz Davis
			Address	St. Paul & Preston St.
Accident or Suicide?		No		Baltimore - Md.

Place of burial Greenmount Cemetery

H. J. W. Jenkins & Sons Co  
Funeral Directors

Howard & Madison Sts  
Baltimore City

Name  
in  
Full

Henry K. Kaiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dr Smis</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>2</i> Day	Age	<i>47</i> Years	<i>6</i> Months <i>17</i> Days
Sex	<i>Male</i>	Color or Race	<i>American</i>	Birth-place	<i>Germany</i>
Occupation	<i>Insurance Collector</i>		Where Residing if not at place of death <i>Dr Smis</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Minna Kaiser</i>		
Father's Name	<i>Wm Kaiser</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>4</i>
Name of person giving information	<i>Minna Kaiser</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute endocarditis</i>	How long	<i>2 or 3 months</i>
Immediate	<i>Syncope</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm R. Eareckson</i>	
		Address	
		<i>Eck Ridge</i>	
Accident or Suicide?			
<i>Accident</i>			

Wm J. Tickner & Sons  
Grace Church Cemetery Co.  
Howard Md.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>7</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>9th</i>	Age	<i>5</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>20</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	Where Residing if not at place of death		<i>Highlandtown Balt. City</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>August Kappel</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Barbara Kern</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>August Kappel</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. S. Warner</i>	
		Address	
		<i>1120 Highland</i>	
Accident or Suicide?			
<i>no</i>			

**CHRISTIAN MILLER.**  
**UNDERTAKER & EMBALMER**

**2884 Jefferson St. N. W. Cor. Montford Ave.**

**Baltimore Md.**

*St Mathew Cemetery*

---

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *St. Washington* *Baltimore*Date of death *1907* *July* *28th* Age *65* Months *-* Days *-*Sex *Female* Color or Race *white* *Irish* Birth-place *Ireland*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Simon Kelly*Father's Name *John Cahill* Father's Birthplace *Ireland*Mother's Maiden Name *Mary Simon* Mother's Birthplace *"*Name of person giving information *Simon Kelly* How related to deceased *Husband*

## CAUSES OF DEATH

142

Primary *Vaginal Carcinoma* *Asthma* How long *Six months*  
Immediate *Asthma* How long *Same*

Are the name, age, sex, color, date and place correctly given above?

*Yrs.*

Signature of Physician

Address

*John T. McCarthy*  
*656 W. Franklin St.*

Accident or Suicide?

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993,

*St Mary's Cemetery  
Govanstown*

Name  
in  
Full

Mary Catherine Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Baltimore

MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 28 <sup>Years</sup> Age 68 <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Md.

Occupation Religious <sup>Where Residing if not at place of death</sup> Mt Hope Retreat

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>

Father's Name unknown <sup>Father's Birthplace</sup> unknown

Mother's Maiden Name " <sup>Mother's Birthplace</sup> "

Name of person giving information Recd Mt Hope Retreat <sup>How related to deceased</sup> Not at all

CAUSES OF DEATH

(166)

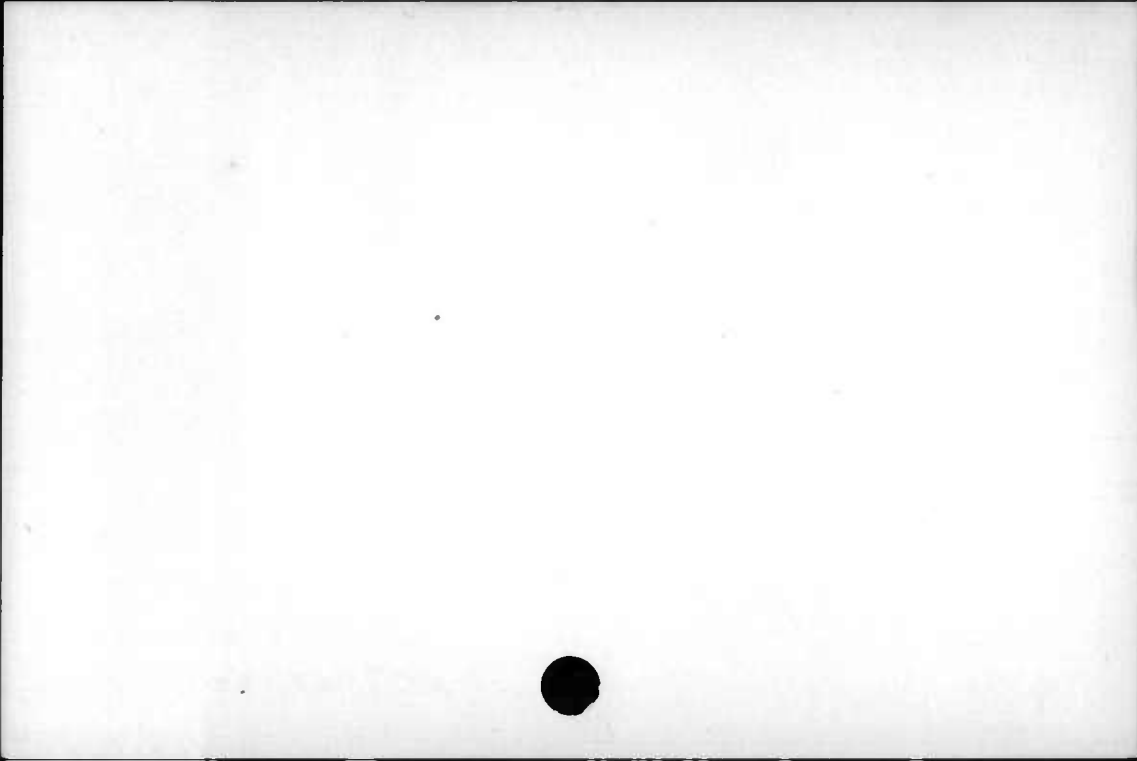
PHYSICIAN  
OR CORONER

Primary ~~Senility~~ - How long

Immediate Ex. Paralysis - L. H. - 12 hrs. - How long

Are the name, age, sex, color, date and place correctly given above? ☒ <sup>Signature of Physician</sup> Frank J. Flannery

<sup>Address</sup> Mt Hope Retreat  
Baltimore Co Md.  
<sup>Accident or Suicide?</sup>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

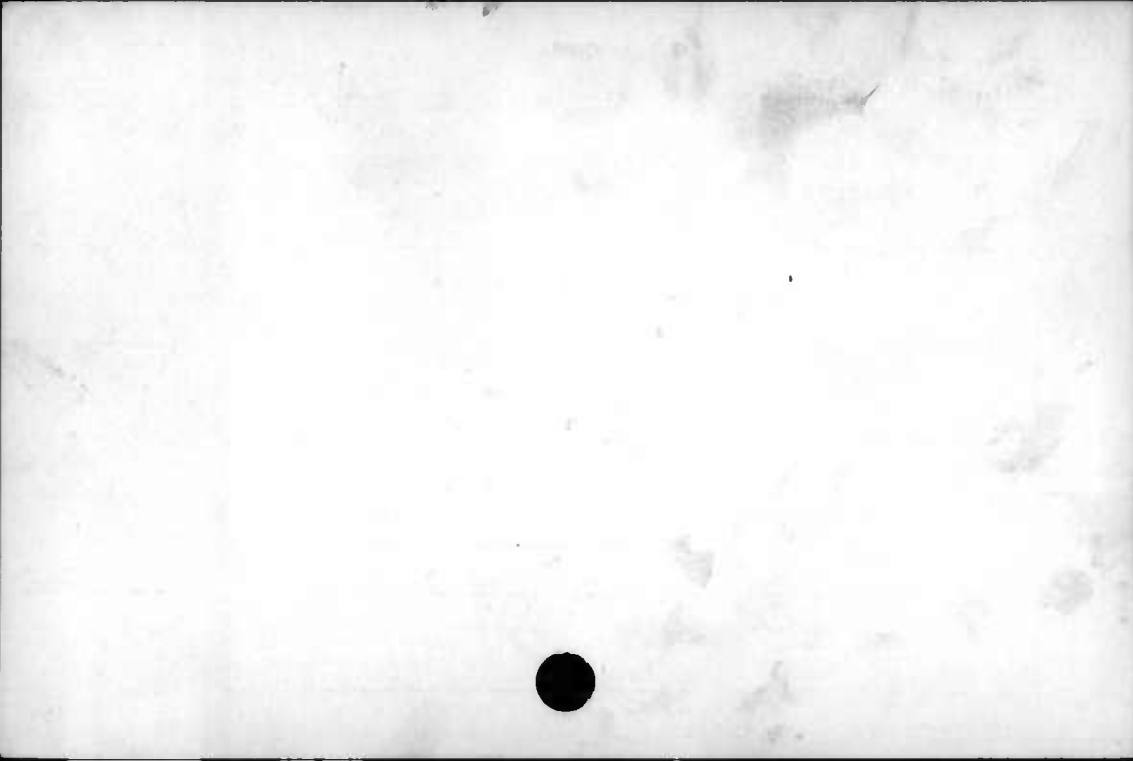
Name in Full <i>Joseph Kinster</i>		Town <i>Dorchester Height</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Dorchester Height</i>		Month <i>July</i>		Day <i>19</i>		Age <i>7</i>	
Date of death <i>1907</i>		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Monrell Park</i>	
Occupation <i>---</i>		Where Residing if not at place of death <i>Dorchester Height</i>					
Married, Single or Widowed <i>---</i>		Name of Wife or Husband <i>Anne Kinster</i>					
Father's Name <i>John Kinster</i>				Father's Birthplace <i>Balt Md.</i>			
Mother's Maiden Name <i>Annie Sisk</i>				Mother's Birthplace <i>Westminster</i>			
Name of person giving information <i>Thos Jones</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

(61)

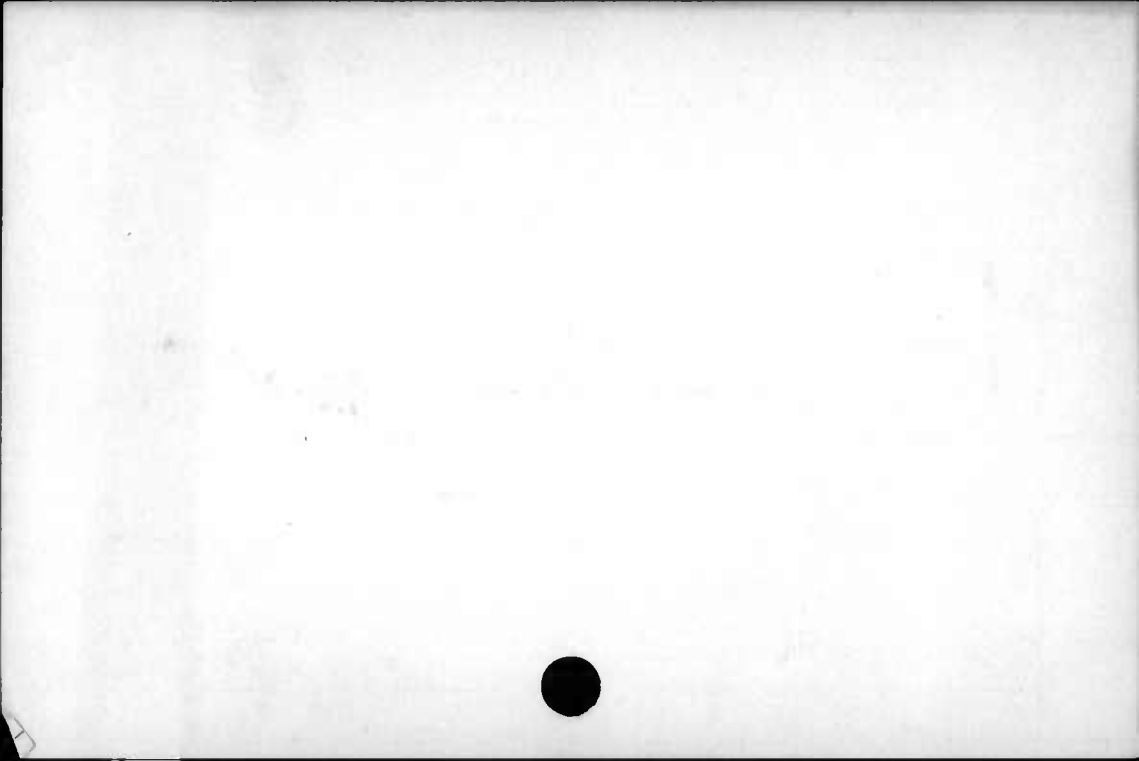
PHYSICIAN  
OR CORONER

Primary <i>Bilious Dysentery</i>	How long <i>2 days</i>
Immediate <i>Cerebro spinal meningitis</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Progle</i>
	Address <i>MT. VERNON</i>
Accident or Suicide?	





Name in Full		John H. Kissner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town 3 Highstown		County Bath		MARYLAND	
	Date of death	1907	Month July	Day 7	Age 49	Years	Months Days
	Sex	male		Color or Race	white		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		910 1 <sup>st</sup> Canton	
	Married, Single or Widowed	Married		Name of Wife or Husband		Carrie Kissner	
	Father's Name	Unknown		Father's Birthplace	Germany		
	Mother's Maiden Name	Unknown		Mother's Birthplace	Germany		
	Name of person giving information	Ida Kissner		How related to deceased	Niece		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Unknown			(104)	How long	7 Mos.
	Immediate	Gastric Hemorrhage				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dr. F. A. Slautz	
					Address	41 Eastern Ave E.	
	Accident or Suicide?						



Name  
in  
Full

Lafayette L. Steckner

## CERTIFICATE OF DEATH

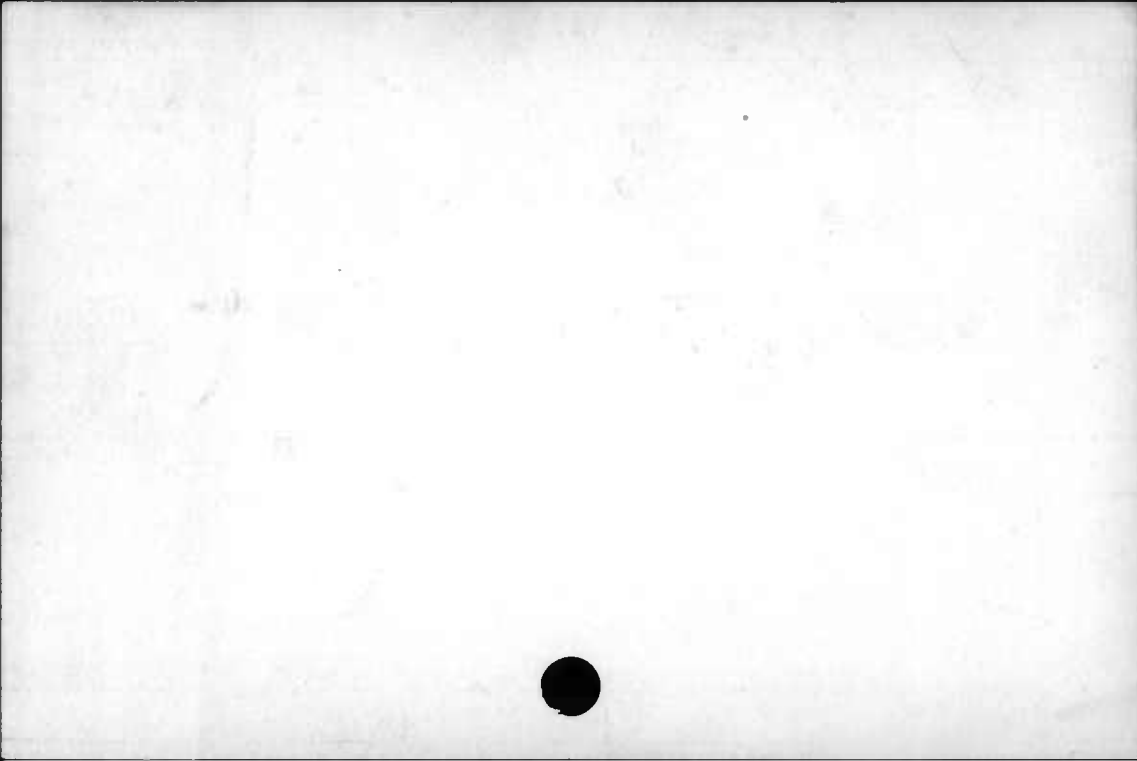
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town <i>Turmus</i>		County <i>Balto</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>July</i>	Day <i>28</i>	Age Years	Months <i>2</i> Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Ma</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>John A. Steckner</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Katie Miller</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Father</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Colera Infantum</i>	How long <i>105</i>
Immediate <i>Exhaustion</i>	How long <i>5 days</i> <i>2 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. K. Peltkian MD.</i>
	Address <i>Sparrows Pt.</i>
Accident or Suicide? _____	



Name in Full		CERTIFICATE OF DEATH			
Josephine M. Slemma		Town Highlandtown		County Balto.	
Died at		MARYLAND			
Date of death		1907	Month 7	Day 7	Age Years 8 Months - Days -
Sex Female		Color or Race White		Birth-place Balto. Co.	
Occupation		Where Residing If not at place of death 1021 - 1 <sup>st</sup> St.			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Carl Slemma		Father's Birth-place Germany			
Mother's Maiden Name Marie Seiml		Mother's Birth-place Austria			
Name of person giving information Carl Slemma		How related to deceased Father			
		CAUSES OF DEATH		(105)	
Primary		Gastro-Enteritis		How long 1 week	
Immediate		Convulsions		How long few hours.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. F. A. Schantz	
		Address		41 Eastern Av. E.H.	
Accident or Suicide?					

Secret Heart Rem.  
Hervig & Son  
7/8/07

Name  
in  
Full

Mrs. Martha Knox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

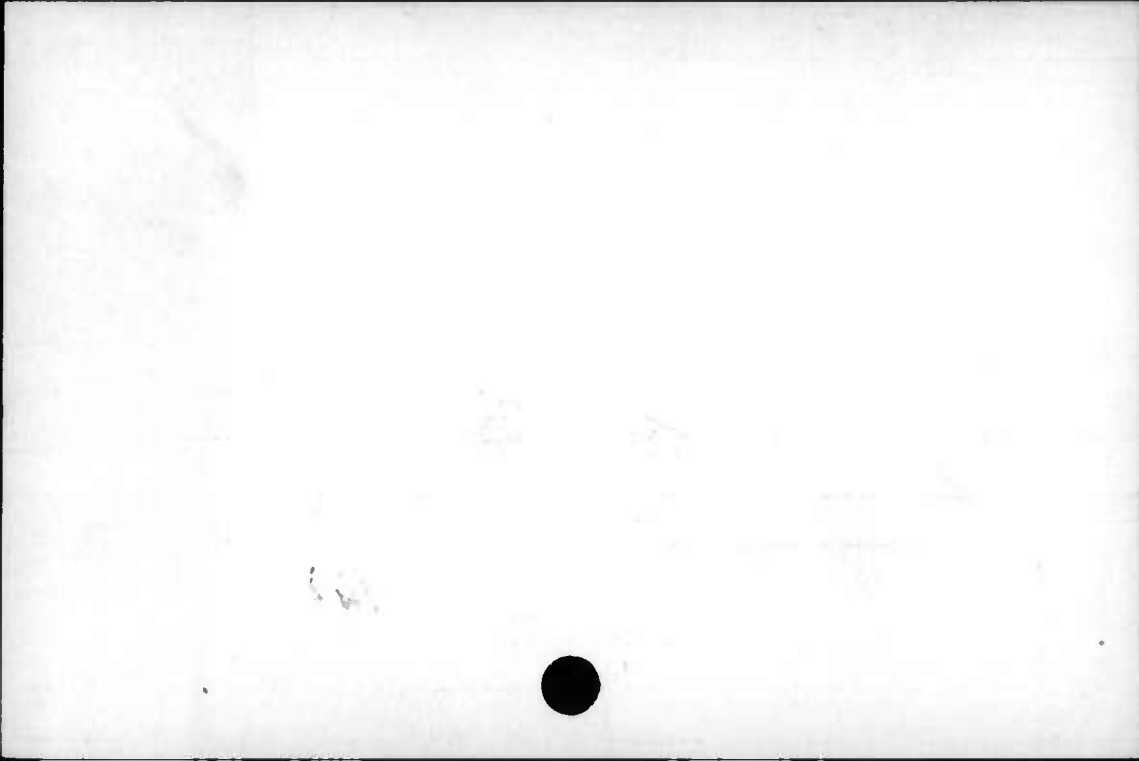
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>14</i>	Years <i>43</i>	Months
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Tanymtown (Md.)</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Knox</i>				
Father's Name <i>Alexander Addelsberger</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Matilda Dutcher</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Annie Addelsberger</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

114

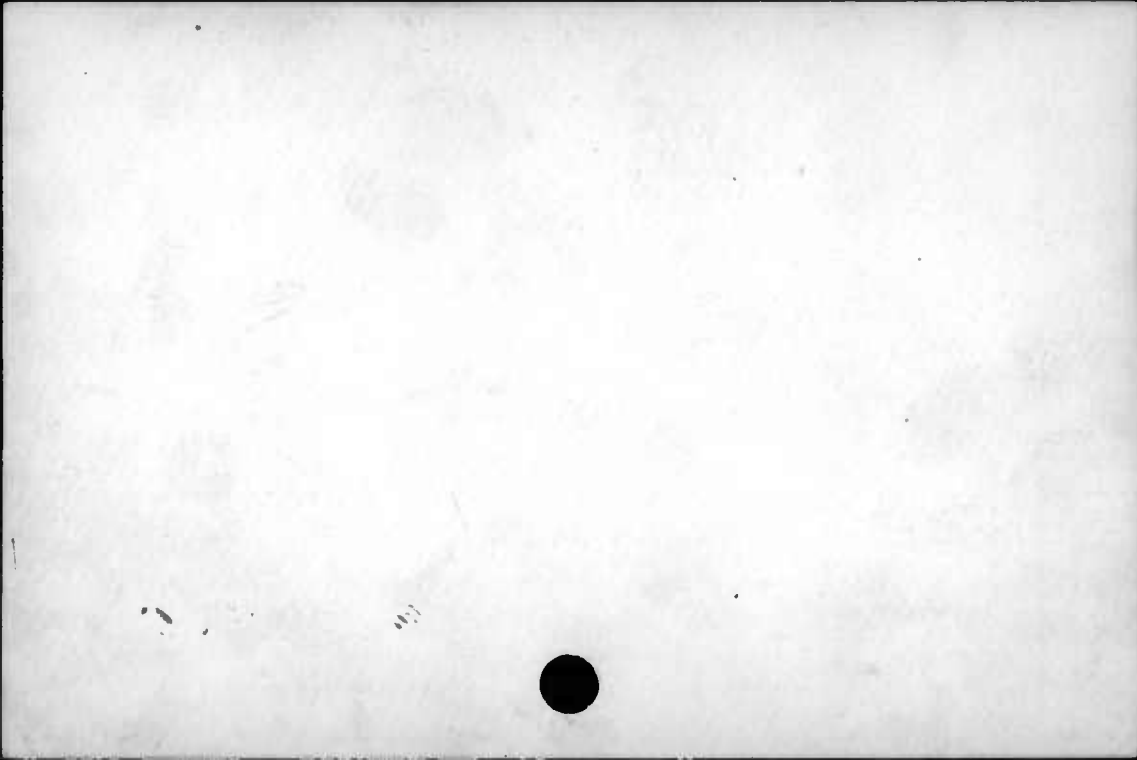
PHYSICIAN  
OR CORONER

Primary <i>Cholecystitis</i>	How long <i>? months</i>
Immediate <i>Pulmonary embolism</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. H. H. H. H.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	





Name in Full		Harry Roster				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Violetville	County Balt Co		MARYLAND	
	Date of death	1907	Month July	Day 8	Age 1	Years 8	Months 8
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Violetville Balt Co	
	Married, Single or Widowed			Name of Wife or Husband	Margareth Roster		
	Father's Name	Fredrick Roster		Father's Birthplace	Germany		
	Mother's Maiden Name	Margareth Schell		Mother's Birthplace	Balt Md.		
Name of person giving information	Fred Roster		How related to deceased	Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Eubria - Calicis			(105)	How long	8 days
	Immediate	As theia				How long	8 days
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Henry C. O'Neil M.D.	
					Address	1703 N. Fayette St	
Accident or Suicide?							



Name  
in  
Full

Bertha E. Kraft

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Rebnah</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>July</i> Day	<i>30</i> Years	<i>3</i> Months	<i>19</i> Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Wife of Painter</i>		Where Residing if not at place of death	<i>Baltimore Md.</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Charles Kraft</i>		
Father's Name	<i>Ab Hildebrand</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>unknown</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Reeds Mt Hope Rebnah</i>		How related to deceased	<i>not at all</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Primary Dementia</i>	<i>106</i>	How long	<i>abt 10 yrs -</i>
Immediate	<i>Ter. Dementia Gastro-Enteritis</i>		How long	<i>abt 3 or 4 wks.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>Frank J. Flannery M.D.</i>		
Address		<i>Mt Hope Rebnah Md.</i>		
Accident or Suicide?				

01/70/10/16

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Bartol Gratz* <sup>County</sup> *Balto*Date of death *1907* Month *July* Day *3* Age *41* Months DaysSex *Male* Color or Race *White* Birth-place *Unknown*Occupation  *Carpenter*  Where Residing if not at place of death *623 S. Eastern*Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *11* Mother's Birthplace *11*Name of person giving information *James Lynch* How related to deceased *Friend*

## CAUSES OF DEATH

164

Primary *Killed by fall* How long *immediate*Immediate *Fractured skull & Broken neck* How long *instant*Are the name, age, sex, color, date and place correctly given above? *Yrs.*Signature of Physician *P.A. Dunningan*Address *203 Lomb St.*Accident or Suicide? *Accident*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sacred Heart Cemetery

July 5<sup>th</sup> 1907

Germanus France

Name  
in  
Full

Michael Kruey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

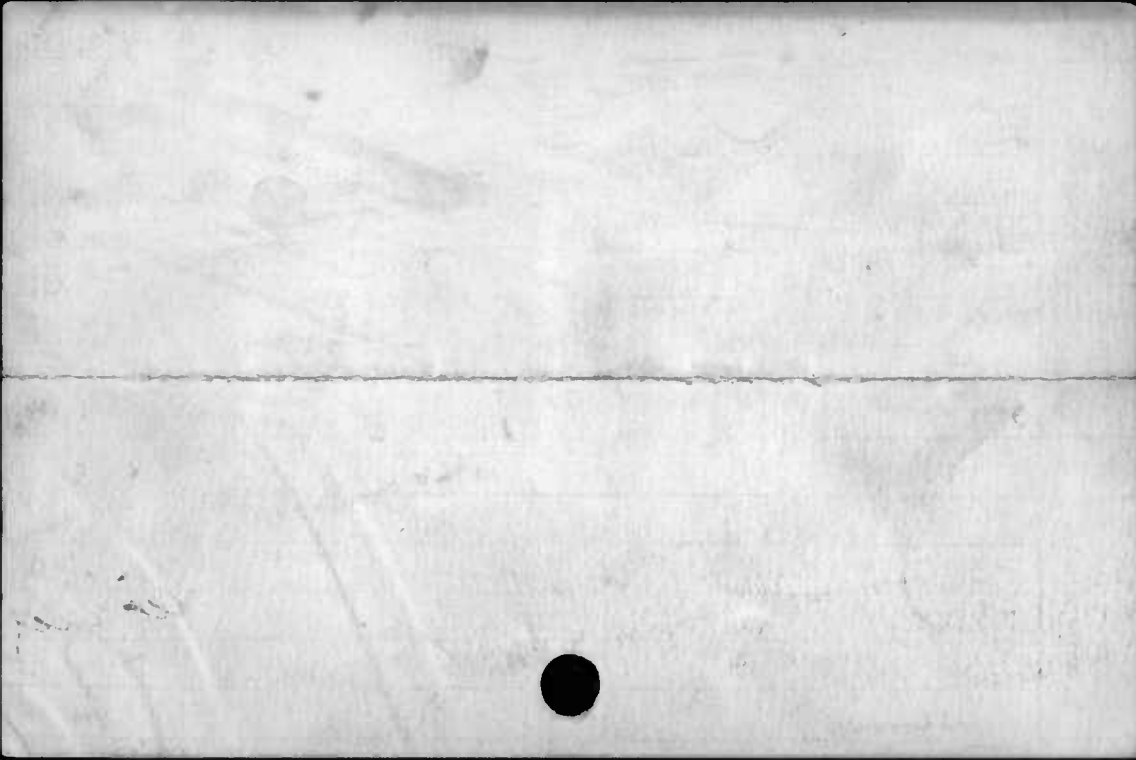
Died at <i>Sullivan Station</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	July	Day	23
Age	58	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Lutner.		Where Residing if not at place of death		
<del>Name of Deceased</del>	<i>Singer</i>	Name of Wife or Husband <i>Agnes Chapman</i>			
Father's Name	don't know		Father's Birthplace <i>Germany</i>		
Mother's Maiden Name	don't know		Mother's Birthplace <i>"</i>		
Name of person giving information	<i>George Beck</i>		How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary	<i>Pericarditis</i>	How long	<i>24 hours</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>F. C. Eldredge</i>	
		Address	
		<i>Green's Point</i>	
		<i>Med</i>	
Accident or Suicide?			





Name in Full		Infant of Oscar & Anna Kroll				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Baltimore</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND		
	Date of death <u>1907</u> <small>Month</small> <u>July</u> <small>Day</small> <u>7</u>		Age <u>7</u> <small>Years</small> <u>0</u> <small>Months</small> <u>0</u> <small>Days</small> <u>Stillborn</u>				
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
	Occupation <u>None</u>		Where Residing if not at place of death <u></u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>				
	Father's Name <u>Oscar Kroll</u>		Father's Birthplace <u>Germany</u>				
	Mother's Maiden Name <u>Anna Friedrich</u>		Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Oscar Kroll</u>		How related to deceased <u>Father</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Premature birth</u> <u>(S)</u>		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Mayi Hoening</u>				
			Address <u>Quod. St 5204</u>				
			<u>Gulland Street</u>				
Accident or Suicide?							

Prinity beam stery  
H. Jander pland

Derivative B. 11

CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
OR CORONER

Died at *Bellevue* Town

Town

County

MARYLAND

Died at

Date \_\_\_\_\_

of death | 907

MöBh

Day\_

Age

Years

Months

Days

Sex /

Color or Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband .

Father's  
Name

Father's Birthplace

Mother's  
Maiden Name

## Mother's Workplace

Name of person giving  
information

How related  
to deceased

### CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?



Name  
in  
Full

Wilbert Kuster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Violetville* <sup>County</sup> *Balt Co*

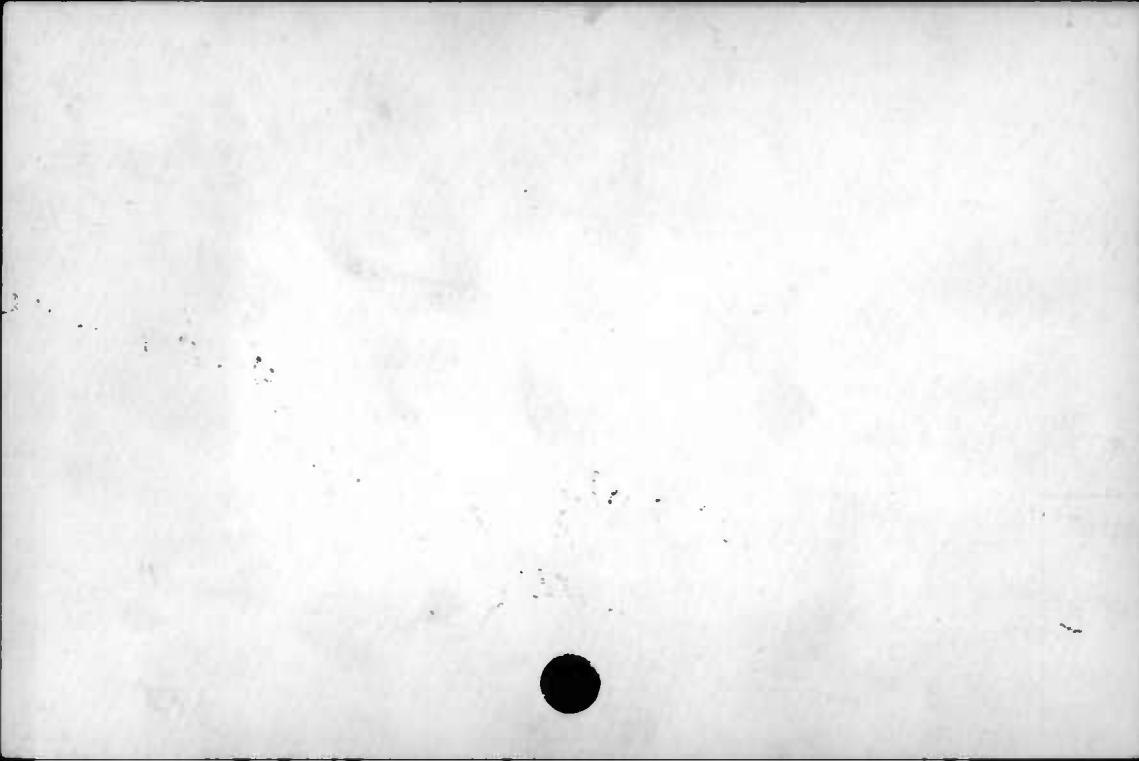
MARYLAND

Date of death 1907 <sup>Month</sup> *July* <sup>Day</sup> *5* <sup>Years</sup> *1* <sup>Months</sup> *8* <sup>Days</sup>Sex *male* Color or Race *White* Birthplace *Balt Md*Occupation *—* Where Residing if not at place of death *Violetville Balt Co*Married, Single or Widowed *—* Name of Wife or Husband *Margareth Kuster*Father's Name *Fred Kuster* Father's Birthplace *Germany.*Mother's Maiden Name *Margareth Schell* Mother's Birthplace *Balt Md*Name of person giving information *Fred Kuster* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Enterocolitis* *(105)* How long *5 day.*Immediate *Ashtoria* How long *5 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Henry C. Orle, M.D.*Address *1203 7th. Fayette St*

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs. Eliz. Langenfecker* Town *Rosedale* County *Balt.*

Died at *Rosedale* Maryland

Date of death *1907* Month *July* Day *23* Age *1* Years *8* Months *8* Days

Sex *Female* Color or Race *White* Birth-place *Prussia*

Occupation *none* Where Residing if not at place of death *"*

Married, Single or Widowed *none* Name of Wife or Husband *none*

Father's Name *Mr. Langenfecker* Father's Birthplace *Ind.*

Mother's Maiden Name *Eliz. Burdenfecker* Mother's Birthplace *Ind.*

Name of person giving information *"* How related to deceased *mother*

## CAUSES OF DEATH

Primary *Cholera Inf.* **(105)** How long *week*

Immediate *Dysentery* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm. D. Conrad*

Address *Gordonsville*

Accident or Suicide? *no*

PHYSICIAN  
OR CORONER





Name  
in  
Full

Rose May Larremore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stiglendtown</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>7</i>	Day <i>20</i>	Age <i>—</i>	Months <i>—</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto Do</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>421 Lombard</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William Larremore</i>	Father's Birthplace <i>Mo</i>				
Mother's Maiden Name <i>Mary Sewell</i>	Mother's Birthplace <i>Mo</i>				
Name of person giving information <i>William Larremore</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diarrhoea</i>	<i>105</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>		How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo L. G. Max</i>	
<i>No</i>	Address <i>3 and Gough Stiglendtown, Md.</i>	
Accident or Suicide?		

H O Hughes

Name  
in  
Full

William Larrimore

## CERTIFICATE OF DEATH

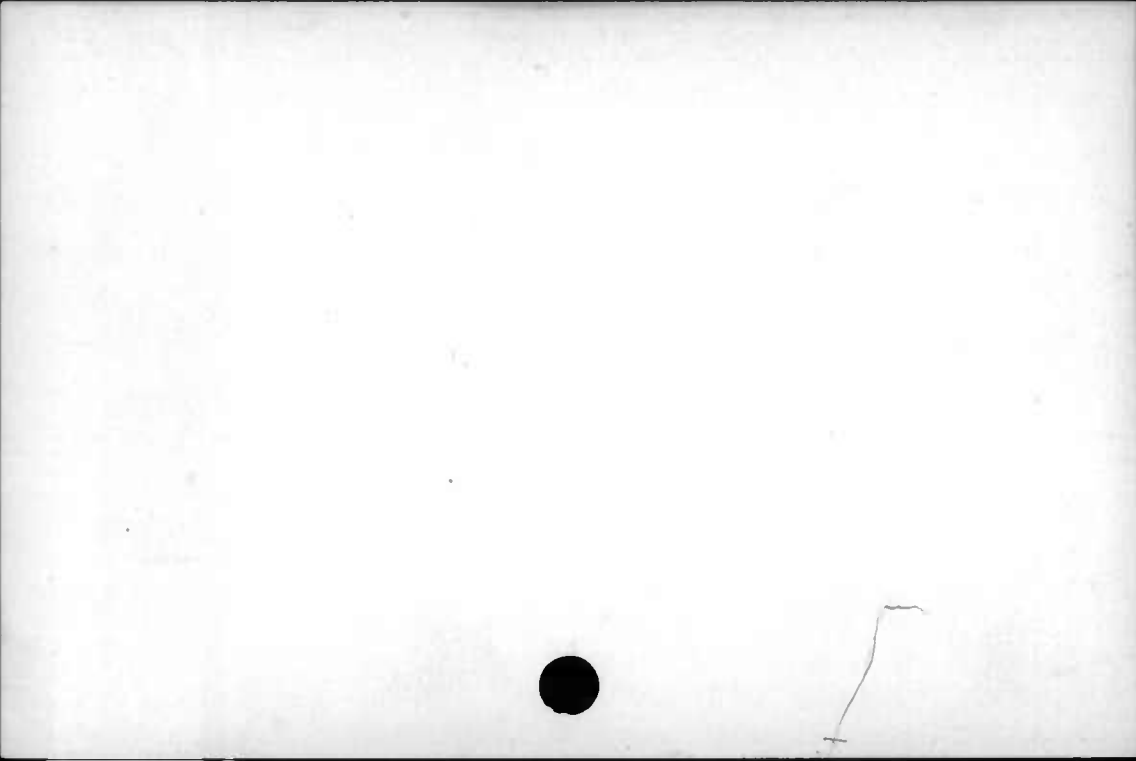
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hybl and town</i> <sup>Town</sup>		<i>Balt</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>7</i> <sup>Month</sup>	<i>21</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>16</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balt Co</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>421 Lombard St</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William R Larrimore</i>	Father's Birthplace <i>Id</i>				
Mother's Maiden Name <i>Mary Sewell</i>	Mother's Birthplace <i>Id</i>				
Name of person giving information <i>Wm R Larrimore</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diarrhoea -</i>	<i>105</i>	How long <i>1 hr.</i>
Immediate <i>Exhaustion</i>		How long <i>2 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo L. Maxfield</i>	Address <i>3rd York</i>
Accident or Suicide? <i>No</i>		<i>Hybl and town</i>



Name  
In  
Full

*Ball King's Isabella Lee*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

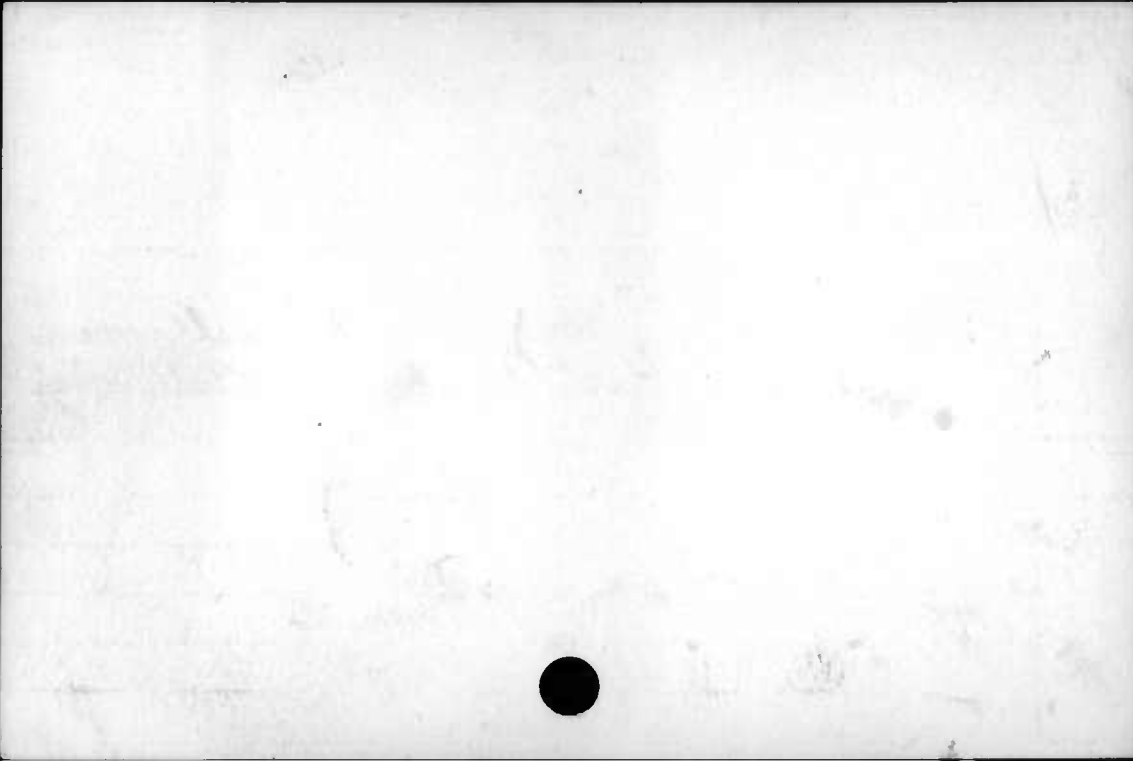
Died at <i>Arlington</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>10</i>	Age <i>37</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>—</i>		
Occupation <i>House Girl</i>	Where Residing if not at place of death <i>Arlington</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Mr King</i>	Father's Birthplace <i>va</i>		<del>—</del>		
Mother's Maiden Name <i>Emma Foster</i>	Mother's Birthplace <i>va</i>		<del>—</del>		
Name of person giving information <i>Geo. Foster</i>	How related to deceased <i>brother</i>		<del>—</del>		

CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Richd. A. Brown</i>
<i>No</i>	Address <i>Arlington</i>
Accident or Suicide?	<i>was Coroner</i>



Name  
in  
Full

Mabell Irile

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

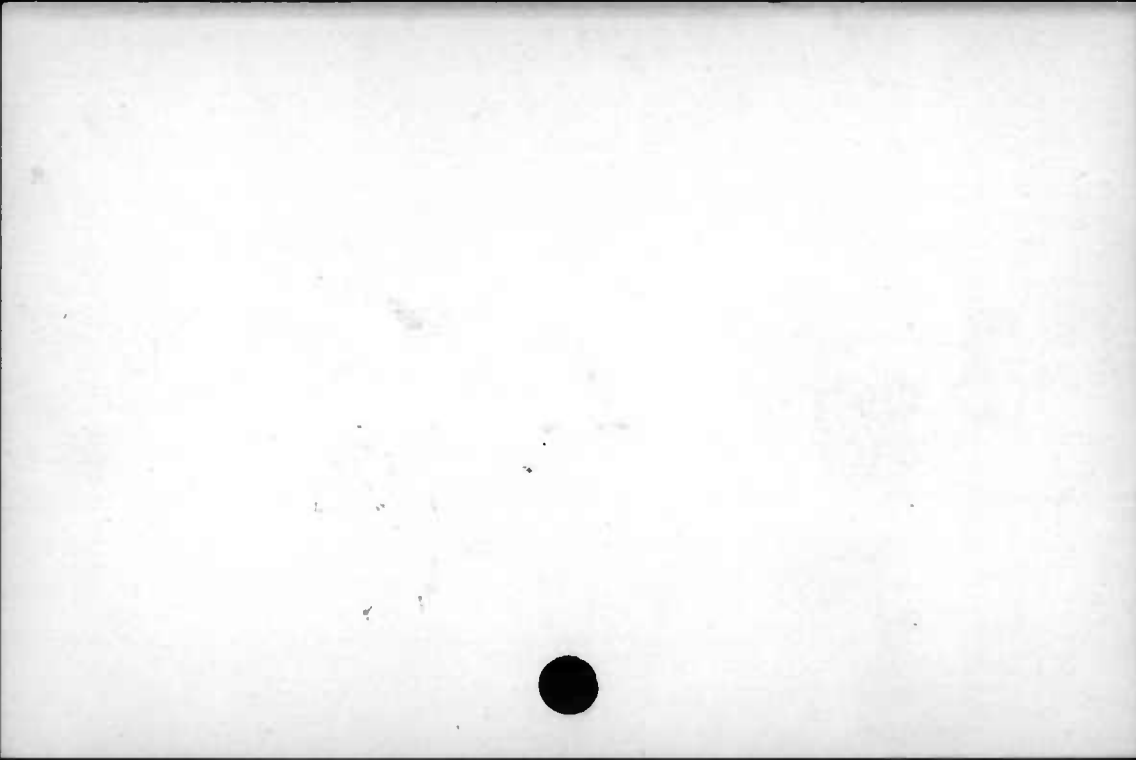
Died at <i>Reisterstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Davis Irile</i>			Father's Birthplace <i>Carroll Co Md</i>		
Mother's Maiden Name <i>Ida Ward</i>			Mother's Birthplace <i>Reisterstown Md</i>		
Name of person giving information <i>Edward Irile</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

105

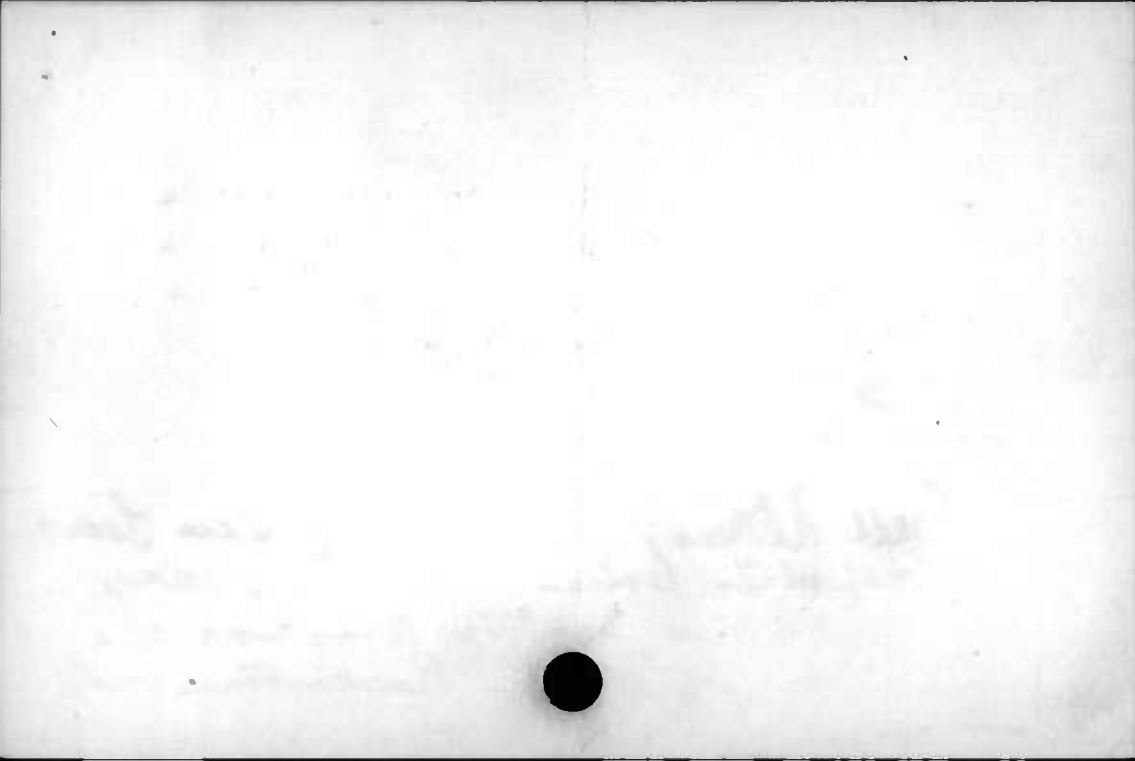
PHYSICIAN  
OR CORONER

Primary <i>Cholera Infusentum</i>	How long <i>Two hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Blade</i>
	Address <i>Reisterstown</i>
	<i>md</i>
Accident or Suicide?	





Name in Full		Robt. A. Little				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		1907	Month	7	Day	24
	Sex		Male		Age	24	Years
	Color or Race		White		Months	2	Days
	Birth-place		Texas				
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name		Harry Little		Father's Birthplace		Baltimore City
Mother's Maiden Name		Annie Kistler		Mother's Birthplace		Baltimore City	
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Gastro. Enteritis		How long		105
	Immediate				How long		about a week
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr. T. C. Bussey		
			Address		Texas		
					Md		
Accident or Suicide?							



Name  
in  
Full

Lida Olive Logue

## CERTIFICATE OF DEATH

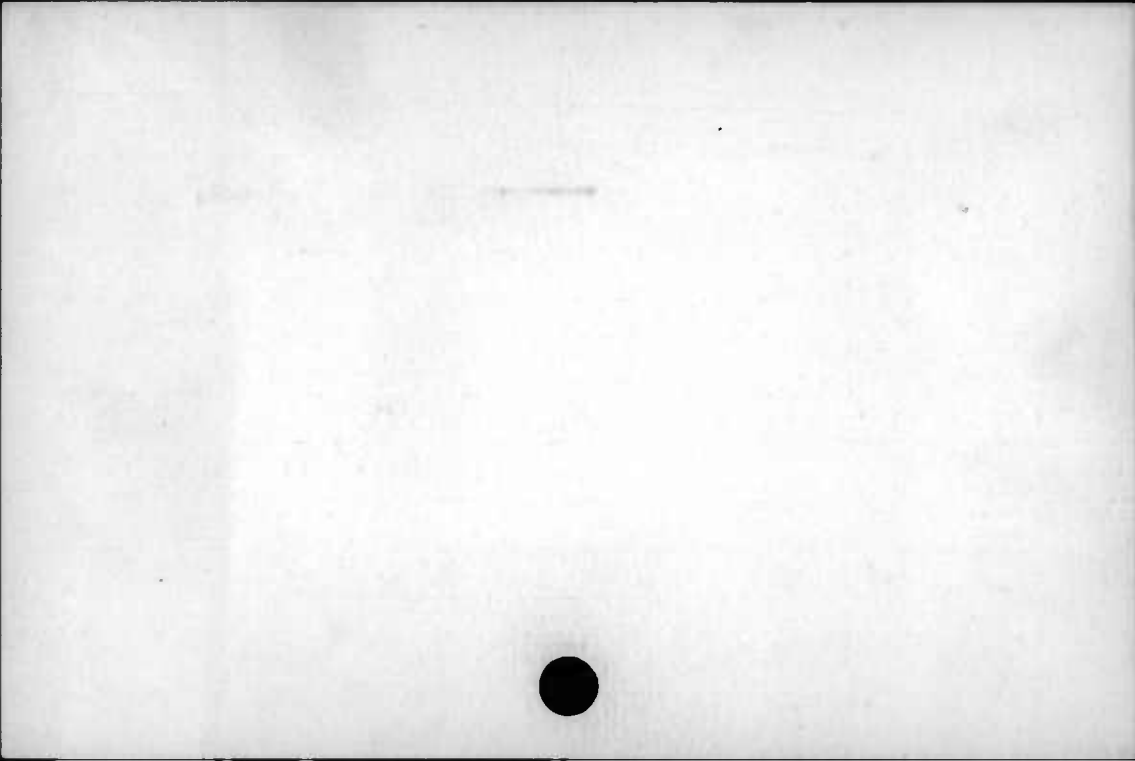
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Reisterstown</i> Town		<i>Baltimore</i> County		MARYLAND <input checked="" type="checkbox"/>	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>1st</i>	Age <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Reisterstown</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Reisterstown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. J. Logue</i>				
Father's Name <i>Ephraim Berghman</i>	Father's Birthplace <i>Reisterstown</i>				
Mother's Maiden Name <i>M. R. Hanson</i>	Mother's Birthplace <i>Alexandria Va.</i>				
Name of person giving information <i>J. J. Logue</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gall Stones</i>	How long <i>Ten Years</i>
Immediate <i>Hepatic Colic</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Sore M. D.</i>
	Address <i>Reisterstown ind.</i>
Accident or Suicide? <input type="checkbox"/>	



Name  
in  
Full

Removal  
CERTIFICATE OF DEATH

Bernard J Mc Court 861 Greennount Ave

Died at <sup>Town</sup> Poplar Heights B.C. <sup>County</sup> Baltimore MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 28th <sup>Age</sup> 41 <sup>Years</sup> 4 <sup>Months</sup> 2 <sup>Days</sup> 3

Sex male <sup>Color or Race</sup> white <sup>Birth-place</sup> Baltimore

Occupation Contractor <sup>Where Residing if not at place of death</sup> 861 Greennount Ave

Married, Single or Widowed married <sup>Name of Wife or Husband</sup> Maggie Mc Court

Father's Name David Mc Court <sup>Father's Birthplace</sup> Ireland

Mother's Maiden Name Mary Mc Court <sup>Mother's Birthplace</sup> "

Name of person giving information Maggie Mc Court <sup>How related to deceased</sup> wife

CAUSES OF DEATH

(27)

Primary Tuberculosis <sup>How long</sup> 7 months

Immediate Internal Hemorrhage <sup>How long</sup> immediate

Are the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> P. A. Drummigan

<sup>Address</sup> 213 Town

Accident or Suicide? Natural

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

P. A. Drummigan

Remora  
Wiedersfeld medestrake

Name  
in  
full

Robert E. McCullough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Sparrow Point <sup>County</sup> Balto. MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 14 <sup>Age</sup> 19 <sup>Years</sup> 19 <sup>Months</sup> 8 <sup>Days</sup> 4

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Penna.

Occupation Miller <sup>Where Residing if not at place of death</sup> Balto. Md.

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>

Father's Name Wm. J. McCullough <sup>Father's Birthplace</sup> England

Mother's Maiden Name Julia Keenan <sup>Mother's Birthplace</sup> Unknown

Name of person giving information Jos. Blair <sup>How related to deceased</sup> None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary 172 <sup>How long</sup>

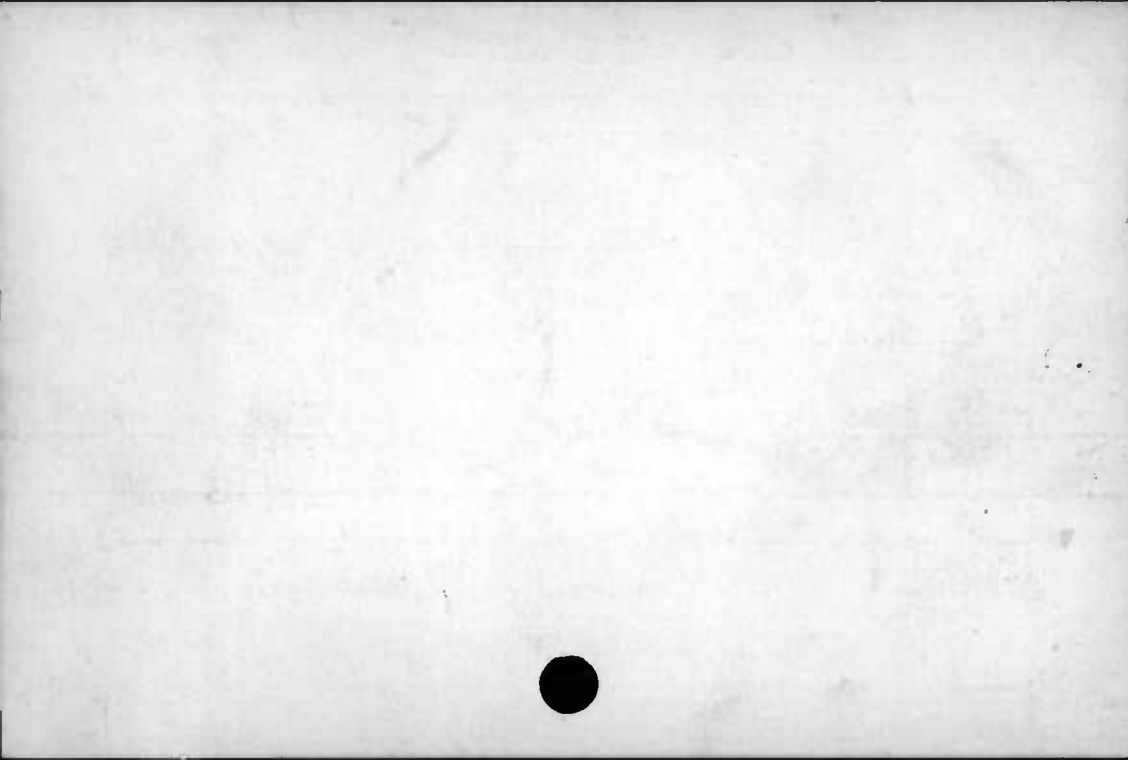
Immediate Accidental drowning <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Jos. Blair (Coroner)

Address Sparrow Point Md.

Accident or Suicide Accident





PHYSICIAN  
OR CORONER

Leonard F Mc Kinn

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND
Date of death	Month	Day	Age	Years	Months Days
1907	July	9			
Sex	Color or Race		Birth-place		
male	white		md		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
GEO. MC CANISSE	md-				
Mother's Maiden Name	Mother's Birthplace				
Nellie H. GONNETTE	md				
Name of person giving information	How related to deceased				
GEO. MC KANISSE	FATHER				

### CAUSES OF DEATH

Primary	Valvular Disease heart		How long	7 Days
Immediate	Same		How long	7 Days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L. F. & Gossue
			Address	Fork Md.
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizis June Mc Kee

Town *Leetonville* County *Baltimore* MARYLAND

Died at *Leetonville*

Date of death *1907 July 20* Age *76* Months *7* Days *6*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *unk* Father's Birthplace *unk*

Mother's Maiden Name *unk* Mother's Birthplace *unk*

Name of person giving information *unk* How related to deceased *unk*

CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

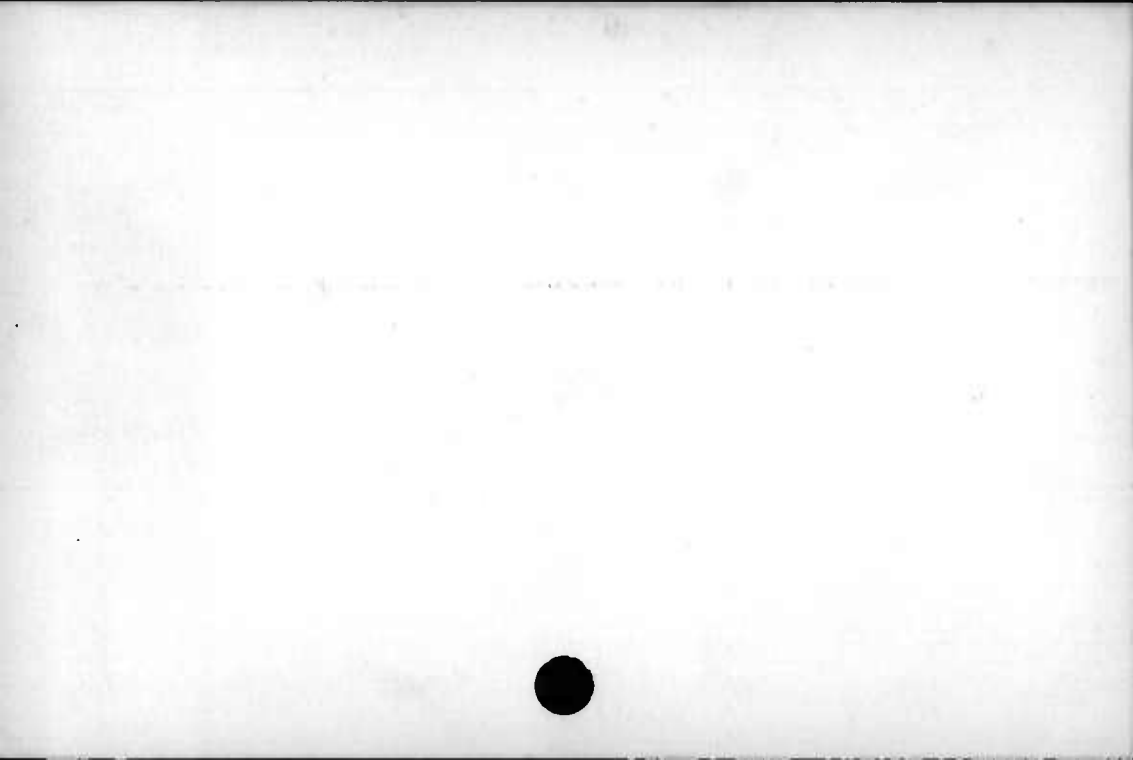
Primary *Senile Dementia* How long *5 yrs.*

Immediate *Carcinoma of Uterus* How long *6 mos.*

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *Gray Wade*

Address *Leetonville, Ind.*

Accident or Suicide? *No*



Name  
in  
Full

Harry Mallon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>31</i>	Age	Years <i>2</i>	Months <i>25</i>
Sex <i>Male</i>	Color or race <i>White</i>	Birth-place <i>Balti</i>		<i>her</i>	
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Charles Mallon</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Annie M. Ebenbach</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>Annie M. Mallon</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	<i>(14)</i>	How long <i>10 days</i>
Immediate <i>marasmus</i>		How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Burke M.D.</i>	
	Address <i>3042 Hudson St</i>	
	<i>Baltimore Md</i>	
Accident or Suicide?		

12th Evangelical Sem.  
H. Sander Son

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Elizabeth Mallory

## CERTIFICATE OF DEATH

Died at 210 Ridgwood ave.

Town

County

Baltimore, Roland Park,  
MARYLAND

Date

of death

1907

Month

July

Day

18

Age

Years

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Baltimore Co.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Dwight F. Mallory

Father's  
Birthplace

Baltimore, Md.

Mother's  
Maiden Name

Helen Bartlett

Mother's  
Birthplace

Baltimore, Md.

Name of person giving  
Information

Dwight F. Mallory

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Premature infant

157

How long

one day

Immediate

General debility

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

F. Whitridge Williams  
1124 Cathedral St.

Accident or Suicide?

Druid Ridge Cemetery

July. 19-07

E. M. Mitchell

1201 W Fayette st



Name  
in  
Full

Susan Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

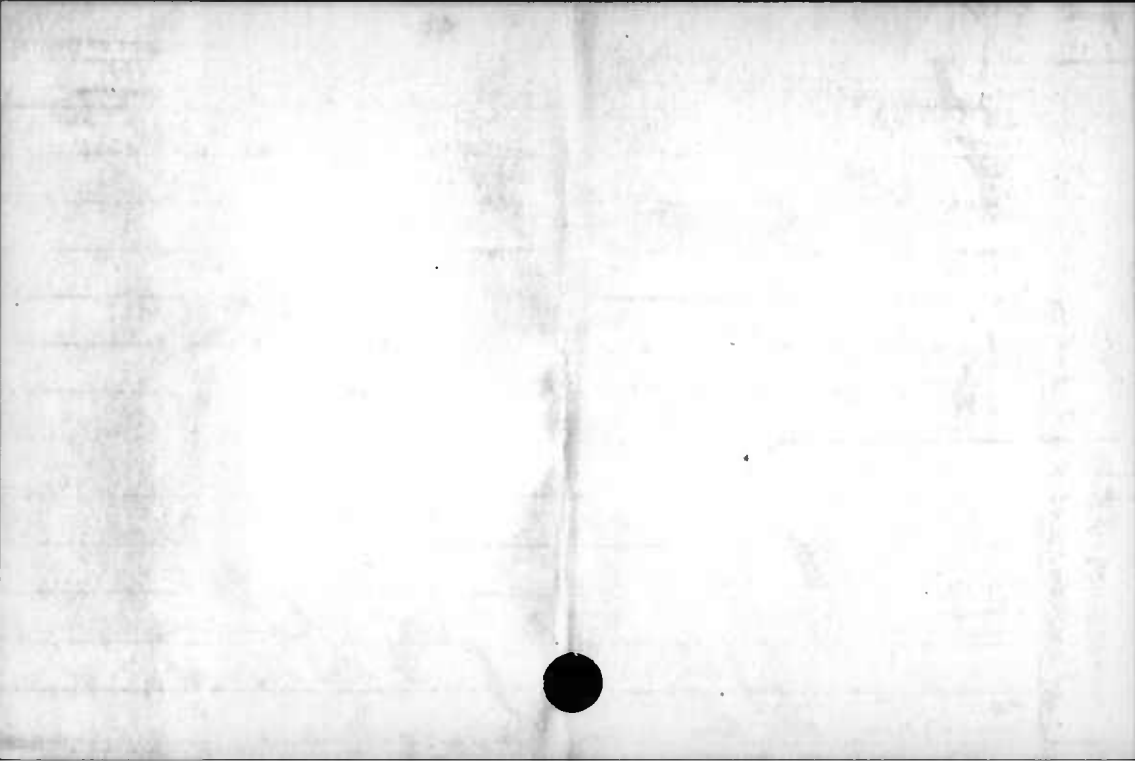
Died at <u>Borzon</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>July</u>	Day <u>2</u>	Age <u>66</u> Years	Months <u>5</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balto. Co. Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Johnny Martin</u>				
Father's Name <u>Pat. L. Martin</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Frank Martin</u>	How related to deceased <u>Son-in-law</u>				

## CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary <u>Carcinoma of uterine</u>	How long <u>18 months</u>
Immediate <u>Emphysema</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. B. P. Brunson</u>
	Address <u>Cockeysville Md</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John. Rudolf. Mengis</b>		Town <b>Canton</b>		County <b>Balto.</b>		MARYLAND	
Died at <b>Canton</b>		Month <b>July</b>		Day <b>5<sup>th</sup></b>		Years <b>11</b>	
Date of death <b>1907</b>		Months <b>10</b>		Days <b>28</b>			
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Balto. City</b>			
Occupation <b>Nurse</b>		Where Residing if not at place of death <b>421 B'Donnell St.</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Frank Mengis</b>		Father's Birthplace <b>Germany</b>					
Mother's Maiden Name <b>Kate Johnson</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>Frank Mengis</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

(76)

PHYSICIAN  
OR CORONER

Primary <b>Otitis Med. Pur. Cat.</b>	How long <b>Several Weeks.</b>
Immediate <b>Acute Meningitis</b>	How long <b>10 days.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>George Clinton Blades</b>
	Address <b>143 N. B'way</b>
Accident or Suicide? <b>No.</b>	

Western County

H. Hoeck. & Son,

Name  
in  
Full

George H. Miles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

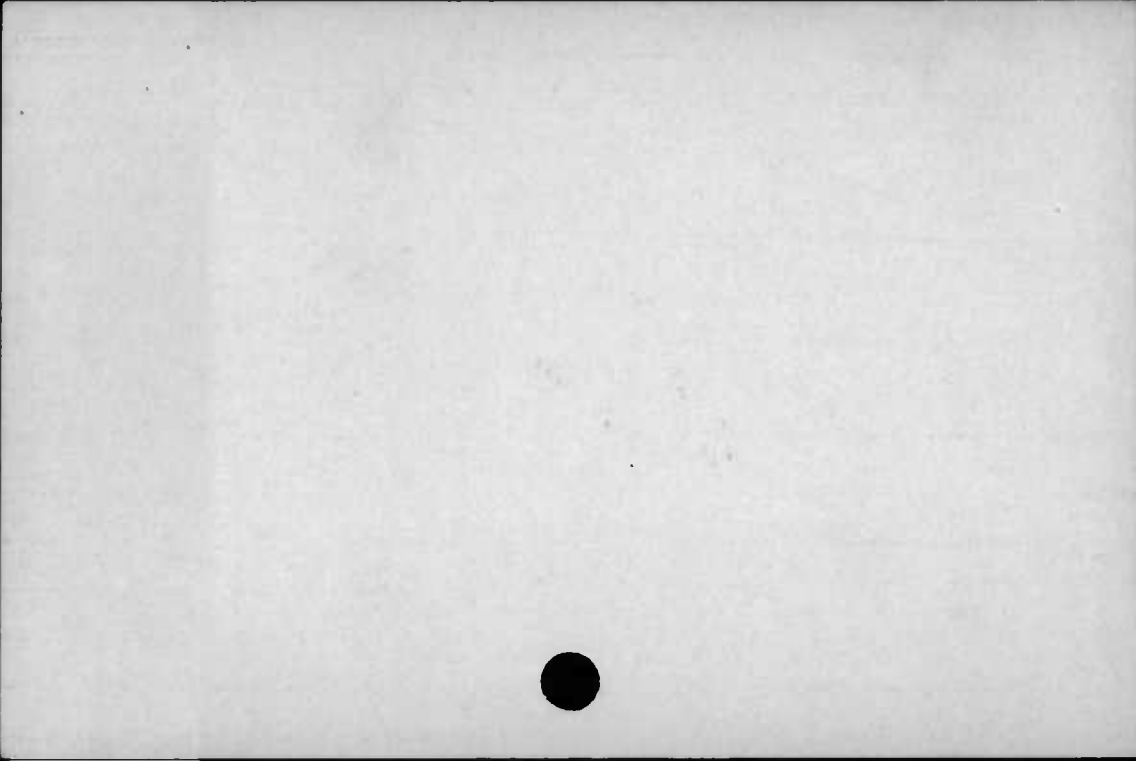
Died at <i>Manor</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>18</i>	Age <i>70</i> Years	Months Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Susan Jane Miles</i>				
Father's Name <i>Peter Miles</i>	Father's Birthplace <i>Balto Md</i>				
Mother's Maiden Name <i>Susan Jane Caskey</i>	Mother's Birthplace <i>Ohio</i>				
Name of person giving information <i>William L. Miles</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

(81)

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>2 yrs</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>3 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Ross Payne M.D.</i>
	Address <i>Corbett</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Mary Margaret Miller

## CERTIFICATE OF DEATH

MARYLAND

Died at 912 E Lombard St Baltimore

Date

of death 1907

Month

7

Day

10

Years

37

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Belt Co. Md

Occupation

Household duties

Where Residing if not  
at place of death

912 E Lombard St, ex

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Howard E Miller

Father's  
Name

John Betz

Father's  
Birthplace

Germany

Mother's  
Maiden NameMother's  
Birthplace

..

Name of person giving  
Information

Mr. H. E. Miller

How related  
to deceased

Husband

## CAUSES OF DEATH

79

Primary

Mitral Regurgitation

How long

7 days.

Immediate

Broken Compensation

How long

1 day.

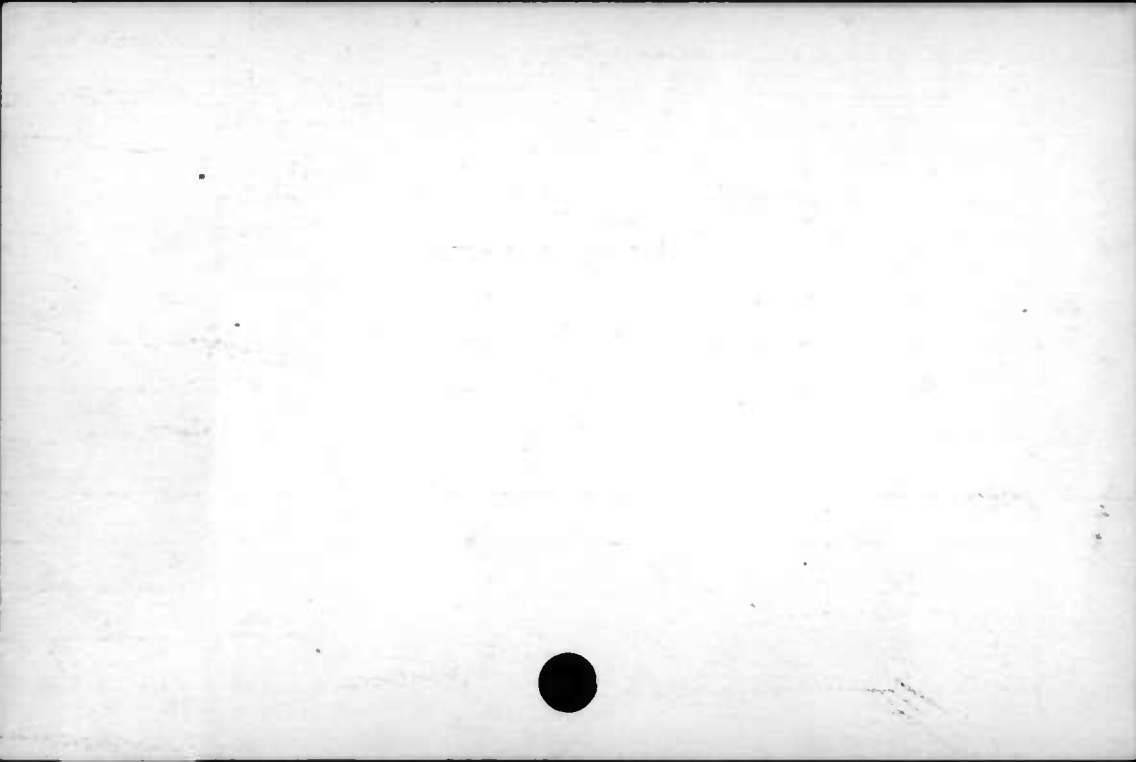
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

96 S. Lakes Md  
143 N. Brimay

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Joseph Perry Hall</i> Town <i>Balto.</i> County		MARYLAND			
Date of death <i>190</i>	Month <i>July</i>	Day <i>24</i>	Age <i>4</i> Years	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Chas. Mohr</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary Hunt</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Chas. Mohr</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	<i>(105)</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>		How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Luigard Whiteford</i>	Address <i>Fullerton, Mo.</i>
<i>To best of my knowledge</i>		
Accident or Suicide?		

St Josephs

Name  
in  
Full

Gita Viola Moody

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

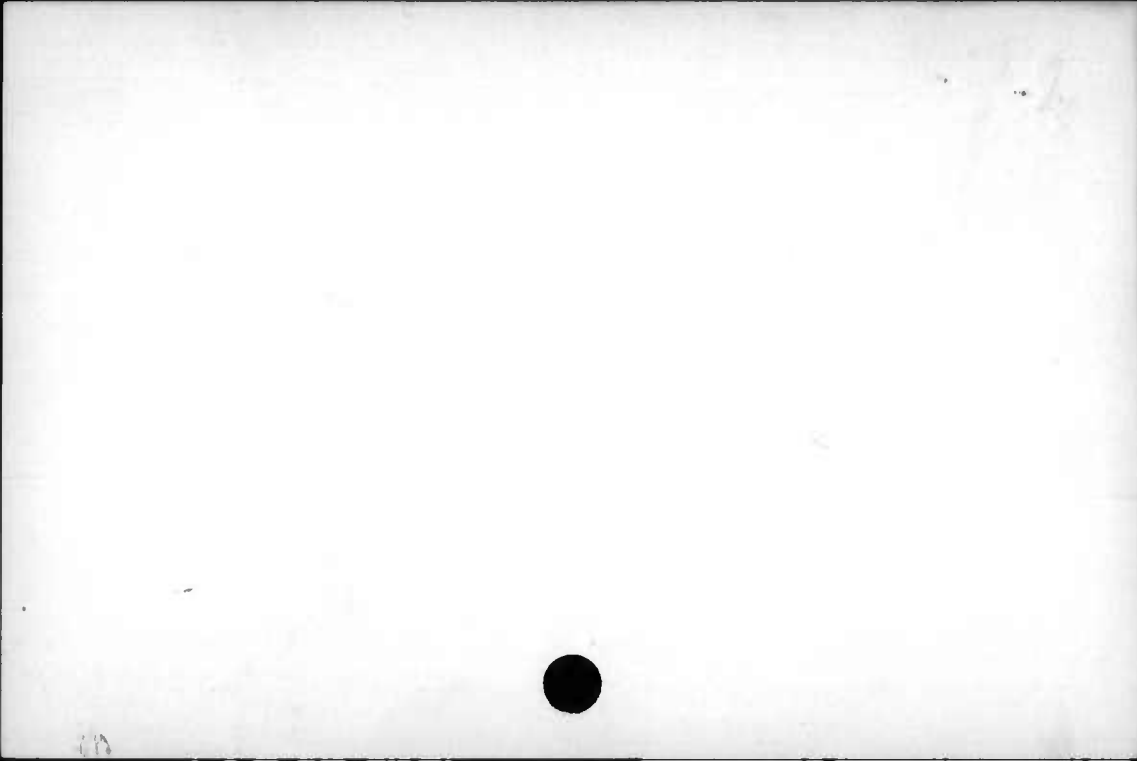
Died at <i>Arlington</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>July</i> Day	<i>25</i> Age	<i>1</i> Years	<i>2</i> Months
				<i>11</i> Days	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation			Where Residing if not at place of death		
<i>—</i>			<i>at home</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
<i>—</i>		<i>—</i>			
Father's Name	<i>Robert Thomas Moody</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Ada Luma Little</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Robert J Moody</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

1935

PHYSICIAN  
OR CORONER

Primary	<i>Acute Milk Infection</i>	How long	<i>4 days</i>
Immediate	<i>Nervous Depression &amp; Exhaustion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. B. Box, M.D.</i>	
		Address	
		<i>Arlington</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

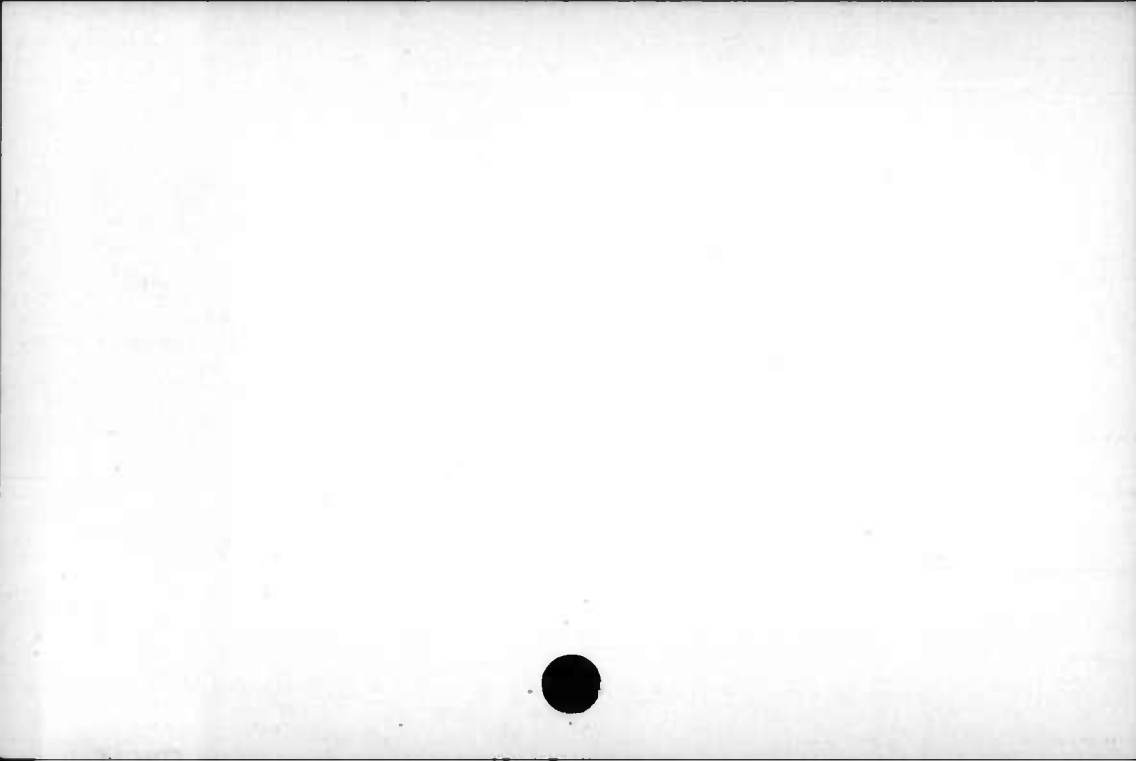
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>15th</i>		Years <i>40</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Letter carrier</i>		Where Residing if not at place of death <i>221 N. Mount St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia Murray</i>					
Father's Name <i>Hubert J. Murray</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Annie Buckley</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Frank S. Murray</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. D. Hazen</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <i>Accident</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah J. Myers</i>		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Highland</i>		Month <i>July</i>		Day <i>29</i>		Years <i>57</i>	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>29</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>		Days <i>27</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Husband <i>John H. Myers</i>					
Father's Name <i>James Jackson</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>					
Name of person giving information <i>John H. Myers</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Abscess Liver</i>	How long <i>1 month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. W. H. H. H. H.</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	

Dr. Achey

Mr. Barnard

H. Sander & Sons



Name  
in  
Full

Charles E. Norris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roslyn</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1907	Month 7	Day 29	Age 3	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Roslyn</i>		
Occupation			Where Residing if not at place of death <i>Roslyn</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm. H. Norris</i>			Father's Birthplace <i>Beth. Co.</i>		
Mother's Maiden Name <i>Mosouria Davage</i>			Mother's Birthplace		
Name of person giving information <i>Wm. H. Norris</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	(6)	How long <i>1 week</i>
Immediate <i>Pneumo-pneumonia &amp; Meningitis</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Smith</i>	Address <i>Woodlawn 8th St Md.</i>
Accident or Suicide? <i>—</i>		

Good Hope Cemetery  
Jacob H. Kraft  
Undertaker.

Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth E. Harris

Town

County

Died at

White Hall

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 July

14

Age

76

7

15

Sex

Female

Color or  
Race

White

Birth-  
place

Sharsville Md.

Occupation

Milliner &amp; Dress-maker

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Thomas Harris

Father's  
Birthplace

PARKTON Md.

Mother's  
Maiden Name

Elizabeth Shaw

Mother's  
Birthplace

HARFORD CO. Md.

Name of person giving  
information

John W. Harris

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Paralysis

How long

2-3 months

Immediate

Coma

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. R. Mitchell

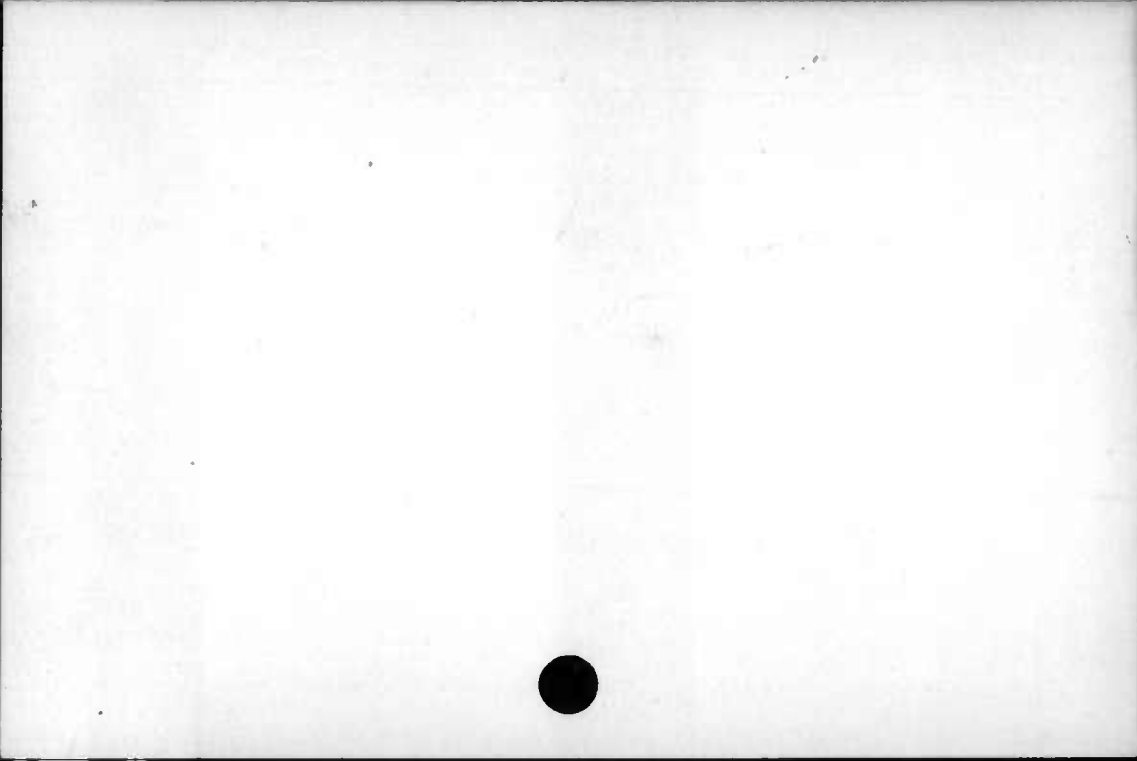
Address

MOUNTAIN

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
FullNiemo Opfel  
Town

## CERTIFICATE OF DEATH

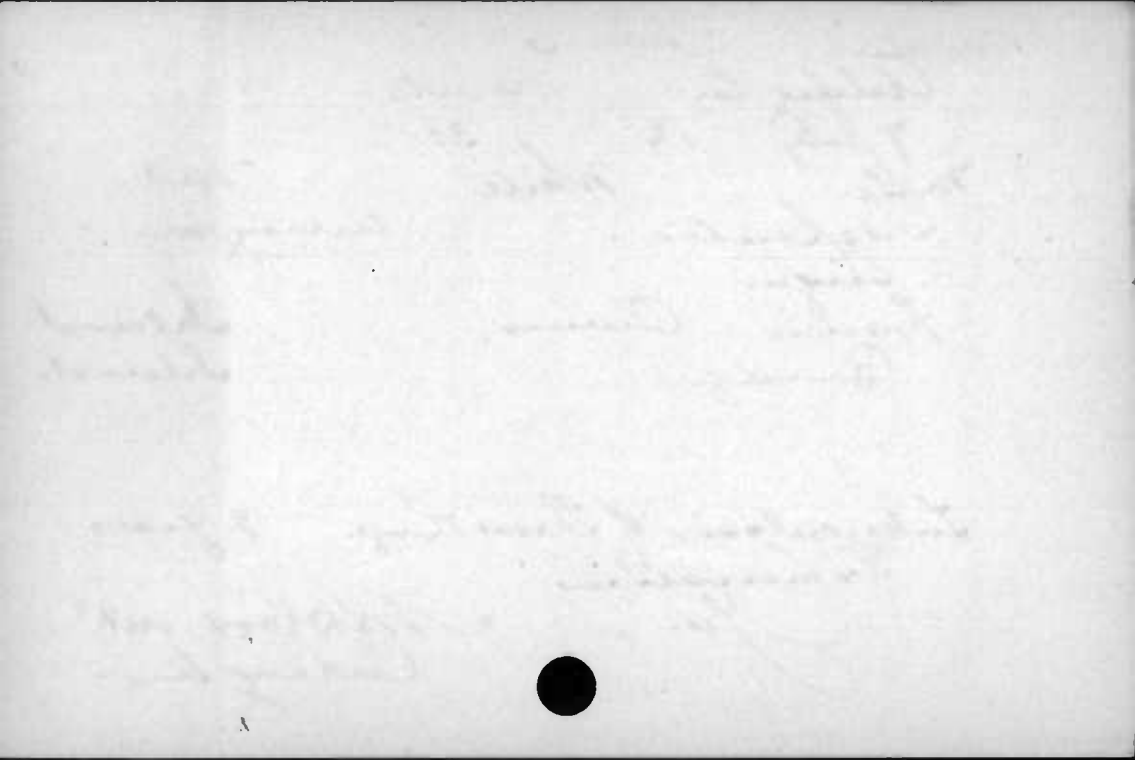
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Fulcrum		County		Baltimore		MARYLAND					
Date		Month		Day		Years		Months		Days			
of death		1907		July		19		Age		—			
Sex		boy		Color or Race		white		Birth-place		Baltimore			
Occupation				Where Residing if not at place of death									
Married, Single or Widowed				Name of Wife or Husband				T					
Father's Name				Samuel Opfel				Father's Birthplace				Baltimore	
Mother's Maiden Name				Annie				Mother's Birthplace				Baltimore	
Name of person giving information				Mother Annie Opfel				How related to deceased				Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Cholera Infantum		(105)		How long		One week	
Immediate		Exhaustion				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Joseph B. Webster M.D.			
				Address		Roxbury Md			
Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Michael J. Owens*

Died at *Arlington* Town *Balto.* County

DATE of death *1907* July *12* Day Age *30* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Carpenter* Where Residing if not at place of death *Arlington*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Francis Owens* ✓ Father's Birthplace *Ireland*

Mother's Maiden Name *Bridget* Mother's Birthplace *Ireland*

Name of person giving information *Mary Owens* How related to deceased *Sister*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Tuberculosis of Throat & Lungs* How long *2 years*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. W. Cox M.D.*

Address *Arlington*

Accident or Suicide?

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1933, ~~\_\_\_\_\_~~

*St Charles Cemetery*  
*Pikesville*  
*Md*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Catherine Owens</i>		Town <i>Beaver Dam</i>		County <i>Bath</i>		State <i>MARYLAND</i>	
Died at <i>Beaver Dam</i>		Month <i>July</i>		Day <i>17</i>		Years <i>about 70</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>Ireland</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Beaver Dam</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Jm Owens</i>					
Father's Name <i>Thos Edward</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Devil / Mrs Jm</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Thos M Owens</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright Disease</i>	How long	<i>Presumed 2 wks</i>
Immediate	<i>52</i>	How long	<i>52</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>B. F. Buncy</i>
		Address	<i>Texas, Md.</i>
Accident or Suicide?			

Interned at Texas  
Saturday July 20

M. C. Brooks

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Age

Years

Months

Days

of death 1907

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

\* Accident or Suicide?

M. Lammell Lewis

J. Herwig & Son

7/23/07

Name  
in  
Full

Elmira Pembroke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

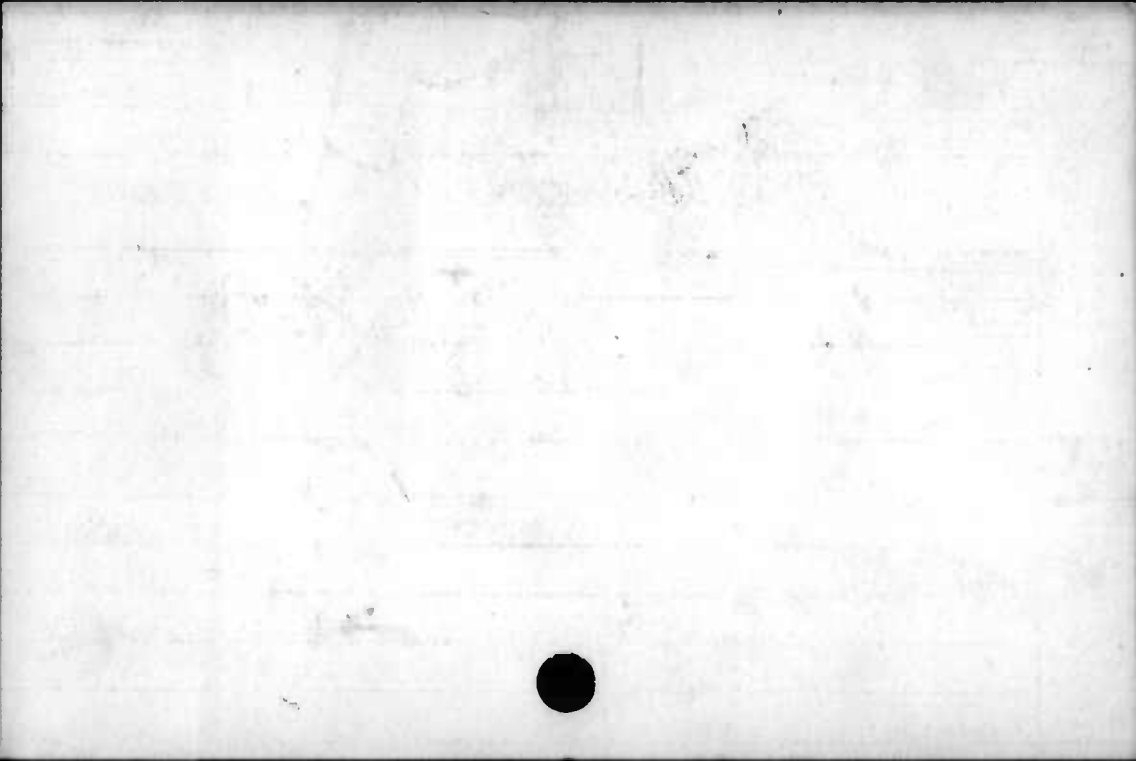
Died at <u>mt wiggins</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>13</u>	Age <u>—</u>	Months <u>10</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>colored</u>		Birthplace <u>mt wiggins</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>mt wiggins</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>Annus Pembroke</u>	Mother's Birthplace <u>mt wiggins</u>				
Name of person giving information <u>Gertrude Close</u>	How related to deceased <u>Grandmother</u>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>3 days</u>
Immediate <u>Internal convulsions</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. L. Glavin</u>
	Address <u>mt wiggins</u>
Accident or Suicide?	<u>no</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Age

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

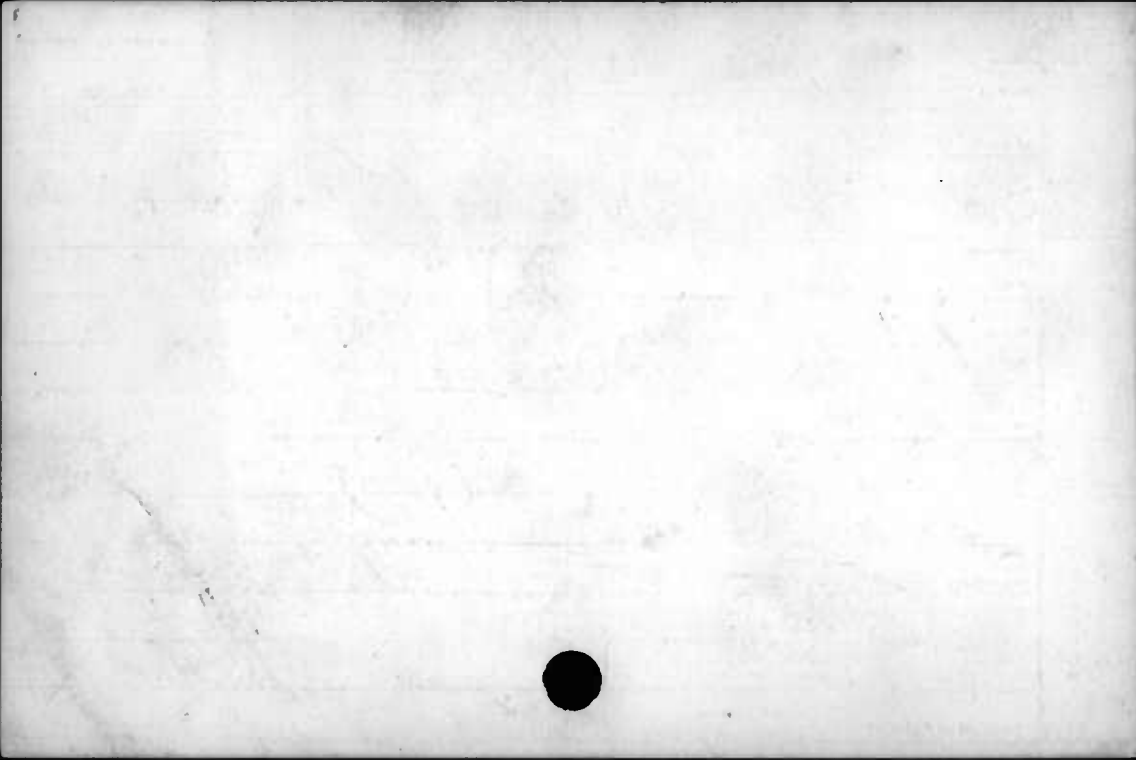
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Ambrose Frederick Petellat

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Colgates P.O.</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup>	<u>July</u> <sup>Day</sup>	<u>18</u> <sup>Age</sup>	<u>1 A.M.</u> <sup>Years</sup>	<u>5</u> <sup>Months</sup>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Balto Co.</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<u>Ambrose John Petellat</u>			<u>Balto Co.</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Mabel Worldridge</u>			<u>Willmington, DE</u>		
Name of person giving information			How related to deceased		
<u>" "</u>			<u>mother</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>acute gastro enteritis</u>	How long	<u>about 40 hrs.</u>
Immediate	<u>exhaustion &amp; toxemia</u>	How long	<u>a few hours.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>A. M. Wright</u>	
		Address	
		<u>Canton &amp; Delin Sts.</u>	
Accident or Suicide?			

Mit. Garmme leen  
H. Sandu & Co.

Name  
in  
Full

Myra Phillips

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>20</i>	Age		Months <i>9</i>	Days <i>29</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Balt. C.D.</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>✓</i>				
Father's Name	<i>Edward Philipps</i>					Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Elizabeth Peters</i>					Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Elizabeth Philipps</i>					How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enter Clit</i>	How long	<i>about 1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. W. Wright</i>
<i>yes</i>		Address	<i>Canton &amp; Dillon Sts</i>
Accident or Suicide?			

Mt Carmel Cemetery  
H. Sander & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Manor* Town*Baltimore* CountyDate of death *1907 July* Month*27* Day

Age

Years

Months

Days

*10*

Sex

*male*Color or  
Race*W. Lite*Birth-  
place*Manor*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Chas. M. Price*Father's  
Birthplace*Balto. Co.*Mother's  
Maiden Name*Jennie R. Hutchins*Mother's  
Birthplace*Balto. Co.*Name of person giving  
Information*Chas M. Price*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Inanition.**(151)*

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*J. R. Payne*  
*Corbett*  
*Md*

Accident or Suicide?

*M*



Name  
in  
Full

## CERTIFICATE OF DEATH

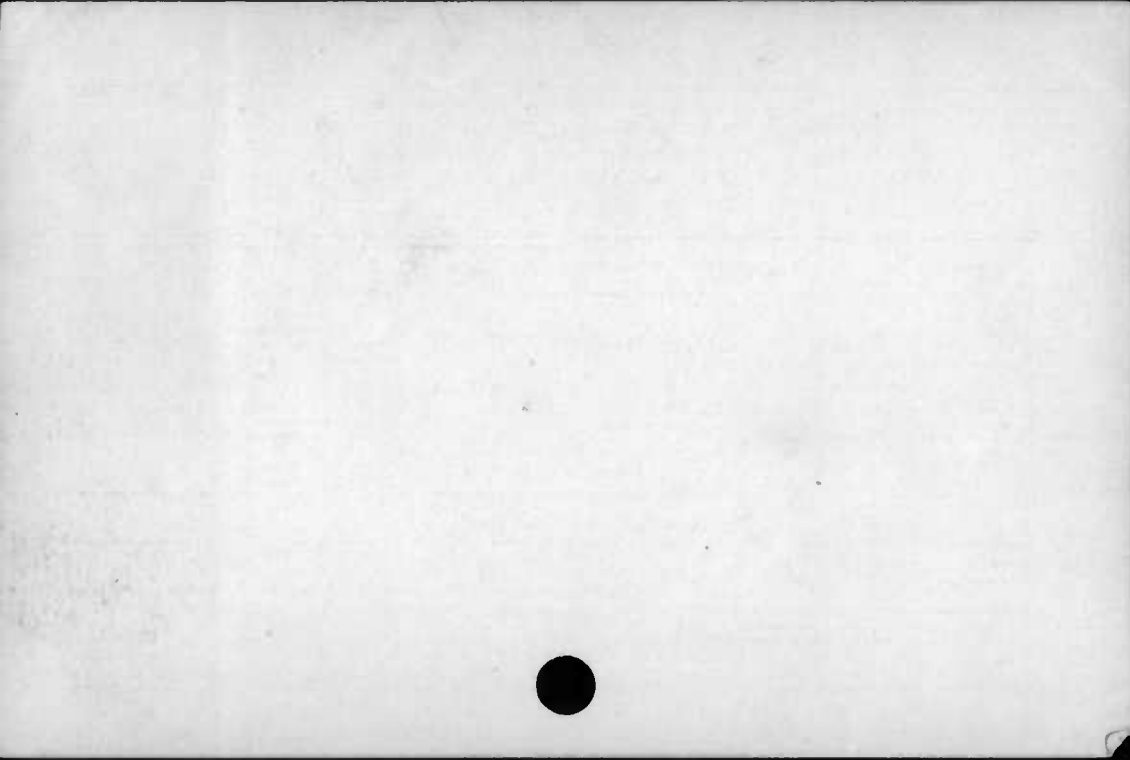
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		July	30	Age	55		
Sex	Female	Color or Race	white	Birthplace	Ireland		
Occupation	House wife			Where Residing if not at place of death	414 Colvin at Balt.		
Married, Single or Widowed	widow	Name of Wife or Husband	James Quinn				
Father's Name	Peter McAdam			Father's Birthplace	Ireland		
Mother's Maiden Name	Ellen Carroll			Mother's Birthplace	I		
Name of person giving information	Maggie Quinn			How related to deceased	Daughter		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Aprophlexy	(64)	How long	3 days
Immediate	same		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. M. White	
		Address	Glyndon, Md.	
Accident or Suicide?	No.			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Katherine Rafferty</b>		Town <b>Roland Park</b>		County <b>Balto</b>		State <b>MARYLAND</b>	
Died at <b>Roland Park</b>		Month <b>July</b>		Day <b>23</b>		Years <b>32</b>	
Date of death <b>1907</b>		Months <b>—</b>		Days <b>—</b>			
Sex <b>female</b>		Color or Race <b>white</b>		Birth-place <b>Ireland</b>			
Occupation <b>housewife</b>		Where Residing if not at place of death <b>Roland Park</b>					
Married, <del>Single</del> or <del>Widowed</del>		Name of <del>Wife</del> Husband <b>Bartholomew Rafferty</b>					
Father's Name <b>Daniel Rafferty</b>		Father's Birthplace <b>Ireland</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Ireland</b>					
Name of person giving information <b>Bartholomew Rafferty</b>		How related to deceased <b>husband</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Cholera Morbus</b>	How long	<b>28 hours</b>
Immediate	<b>Exhaustion</b>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>G. Gibson Forti</b>	
Yes		Address <b>Roland Park Md.</b>	
Accident or Suicide?			

Interment at  
St Charles Cemetery  
July 25/907  
Wm. L. L. L.  
1502 E. Franklin

Name  
in  
Full

Henry Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1907	Month	July	Day	20th
Age		25		Months	
Sex	male	Color or Race	Colored	Birth-place	West Indies
Occupation	Seaman		Where Residing if not at place of death <u>Schwartz Island, Panama</u>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	unknown		Father's Birthplace <u>unknown</u>		
Mother's Maiden Name	unknown		Mother's Birthplace <u>unknown</u>		
Name of person giving information	Capt A.M. Carter		How related to deceased <u>Employer</u>		

CAUSES OF DEATH

Primary	<u>Drowning</u>	How long	<u>7-minutes</u>
Immediate	<u>Suffocation</u>	How long	<u>10-minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>P. A. Deering</u>	
To the best of our knowledge		Address <u>2030 Sooke St</u>	
Accident or Suicide? <u>Accident</u>		<u>Deering</u>	

PHYSICIAN  
OR CORONER

Issued removal permit -

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia Riedel</i>		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Canton</i>		Month <i>July</i>		Day <i>27</i>		Years <i>39</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>12</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>511 Second St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frederick Riedel</i>					
Father's Name <i>James Clarke</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Annie Finney</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Frederick Riedel</i>		How related to deceased <i>Husband.</i>					

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Hepatitis</i>		How long <i>about 8 months</i>	
Immediate <i>Degeneration of heart &amp; exhaustion</i>		How long <i>about 2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. W. Wright</i>	
		Address <i>Canton &amp; Dill Sts.</i>	
Accident or Suicide?			

Mr. Carmel Bern.

Zürker + Zürker

1739 E. Eager St.

July 30-1907

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

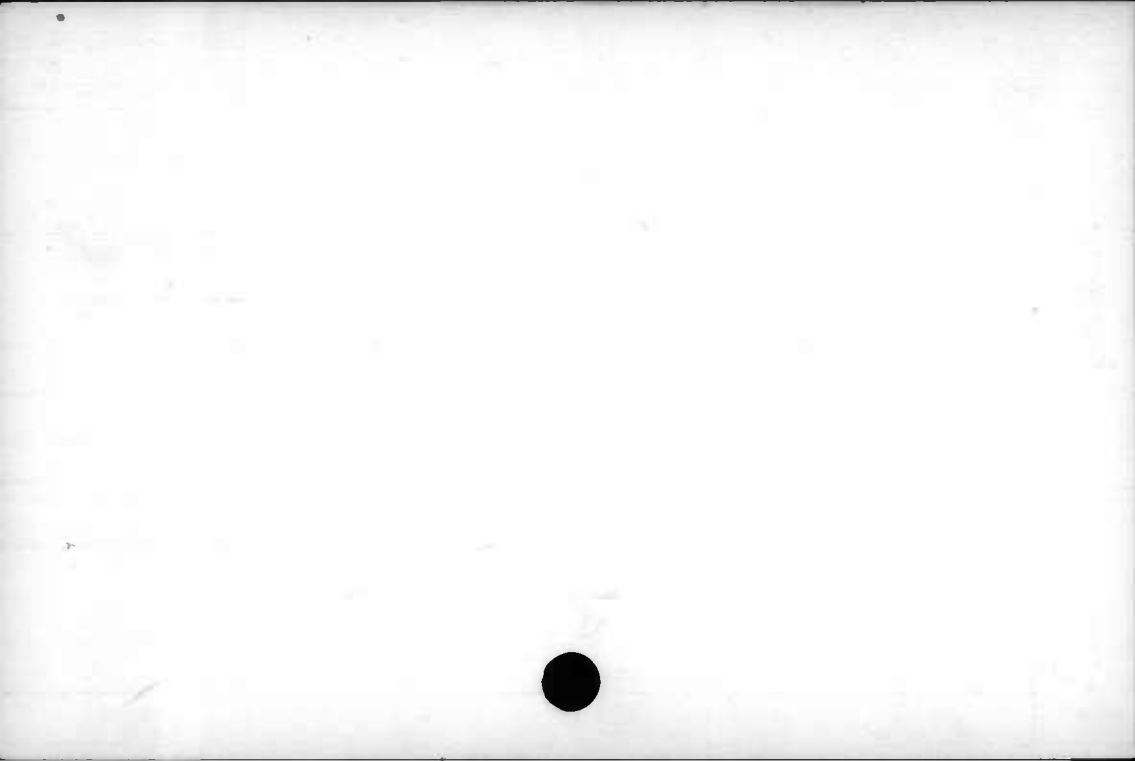
Died at <i>Sparrow Point</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>7</i> <sup>Month</sup> <i>July</i>	<i>22</i> <sup>Day</sup>	Age	<i>7</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>colored</i>	Birth- place	<i>Md</i>
<del>Married, Single or Widowed</del>	<i>Single</i>	Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name	<i>Robert Robinson</i>			Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Betty Vaughan</i>			Mother's Birthplace	<i>Va</i>
Name of person giving In formation	<i>Betty Robinson</i>			How related to deceased	<i>mother</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 week</i>
Immediate	<i>exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. McCombs</i>
	<i>no</i>	Address	<i>Sparrow Point Md</i>
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

*Catherine Jane Rosier*  
*Parkton* *Balt*

MARYLAND

Died at *Parkton* *Balt*  
Date of death *1907* *7* *30* Age *40* Months *11* Days *12*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *House Keeping* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Flemmie Rosier*

Father's Name *Samuel Threw* Father's Birthplace *Md*

Mother's Maiden Name *don't know* Mother's Birthplace *Md*

Name of person giving information *Fannie Standiford* How related to deceased *Daughter*

CAUSES OF DEATH

*120*

Primary *Chronic Interstitial Nephritis* How long *1 yr*

Immediate *Heart failure* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

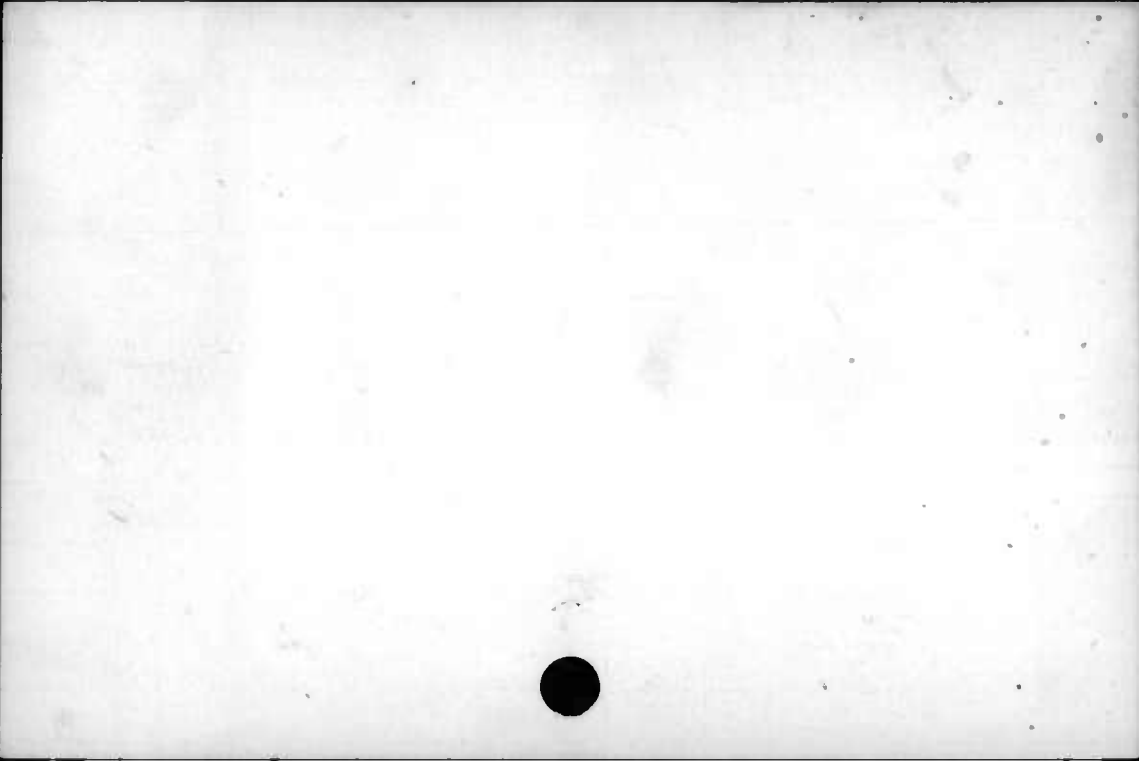
Signature of Physician *R B Harris*

Address *Parkton*

Accident or Suicide? *Md*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		William O. Rowe				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Canton		County		
				Baltimore		MARYLAND		
		Date of death		1907	Month	July	Day	26
		Age		48	Years	18	Months	20
		Sex		Male	Color or Race		White	Birth-place
		Occupation		Stillman	Where Residing if not at place of death		666 Bouldin street	
		Married, Single or Widowed		Married	Name of Wife or Husband		Eva. Willmer	
Father's Name		William O. Rowe				Father's Birthplace	Del.	
Mother's Maiden Name		Adelaide T. Ramsey				Mother's Birthplace	Virginia	
Name of person giving information		James H. Rowe				How related to deceased	Brother	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Asphyxia		How long		
				(174)		—		
		Immediate		by gas		How long		
						—		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		David A. Thompson		
				Address		1500 Highland Ave		
Accident or Suicide?		Accident				Baltimore County Md		

Printy Lee  
Kander Son.

Name  
in  
Full

Marguerite Attilia Russo

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

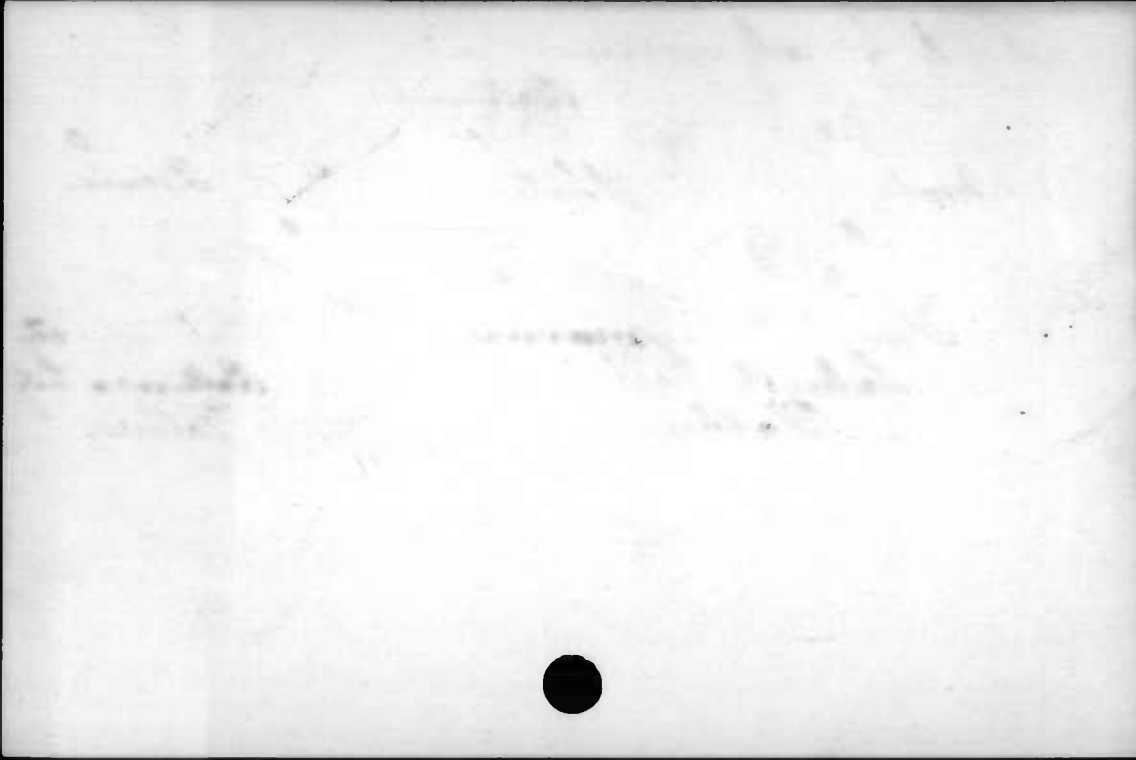
Died at <i>Wheaton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <sup>Month</sup>	<i>15</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>10</i> <sup>Months</sup>	<i>18</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Frank Russo</i>			Father's Birthplace <i>Italy</i>		
Mother's Marden Name <i>Edith Kirk</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving In formation <i>Frank Russo</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>12 hrs</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Slade</i>
	Address <i>Reston Rd</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Frank L Sahyman

Died at *St Denis*

Town

*Baltimore*

County

MARYLAND

Date  
of death *1907 July*

Month

Day

*11*Age *0*

Years

Months

*4*

Days

*20*Sex *Male*Color or  
Race*White*Birth-  
place*St Denis*

Occupation

*0*Where Residing if not  
at place of death*0*Married, Single  
or Widowed*0*Name of Wife or  
Husband*0*Father's  
Name*Frank L Sahyman*Father's  
Birthplace*Baltimore City*Mother's  
Maiden Name*Lulu A Kerbe.*Mother's  
Birthplace*Baltimore City*Name of person giving  
In formation*Father*How related  
to deceased*Father.*

## CAUSES OF DEATH

*105*

Primary

*Enteric Colitis*

How long

*8 days*

Immediate

*Asthenia*

How long

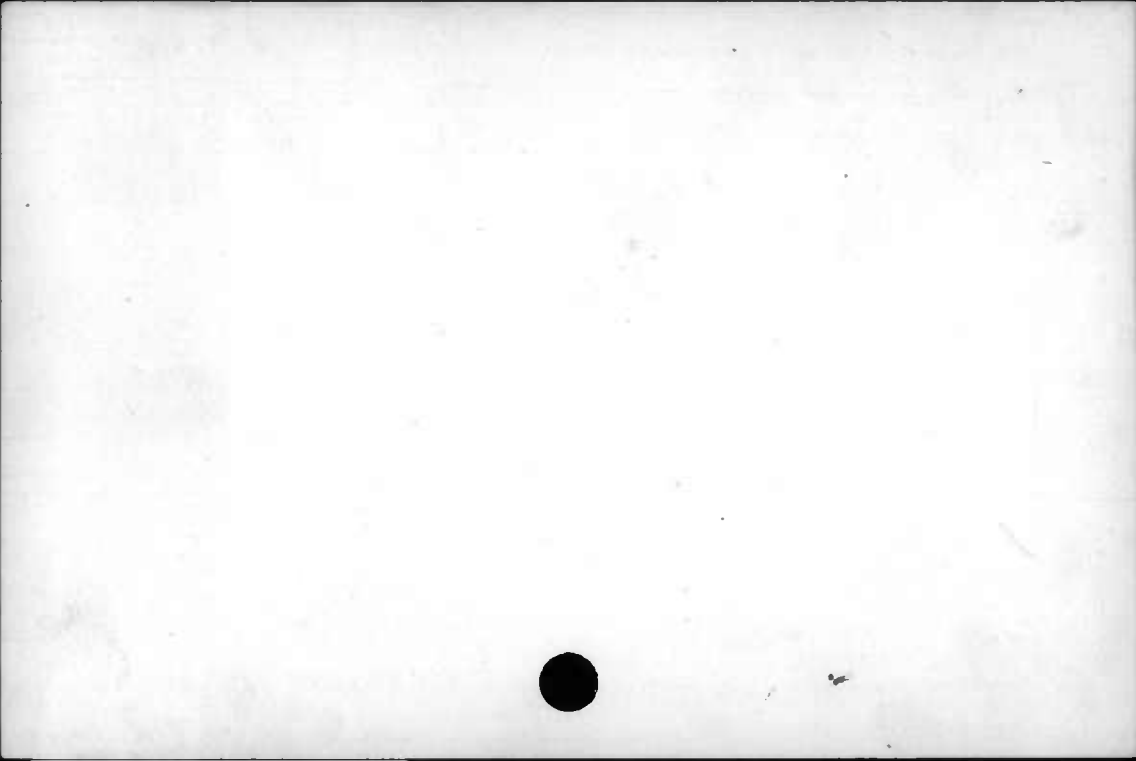
*8 days*Are the name, age, sex, color, date  
and place correctly given above?*Yr.*Signature of  
Physician

Address

*Frank H. Kerbe  
Lansdowne Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Richard Baxter Saumer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Old Brick Road Catonsville* <sup>County</sup> *Baltimore*

MARYLAND

Date of death *1907* <sup>Month</sup> *July* <sup>Day</sup> *8* <sup>Years</sup> *55* <sup>Months</sup> *—* <sup>Days</sup> *26*Sex *Male* Color or Race *White* Birth-place *H. Marys Co. Md.*Occupation *unknown* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Ramie Thos Jones*Father's Name *Abel Saumer* Father's Birthplace *H. Marys Co. Md.*Mother's Maiden Name *Annie Ann Saumer* Mother's Birthplace *H. Marys Co. Md.*Name of person giving information *Mrs Jones* How related to deceased *Mother in law*

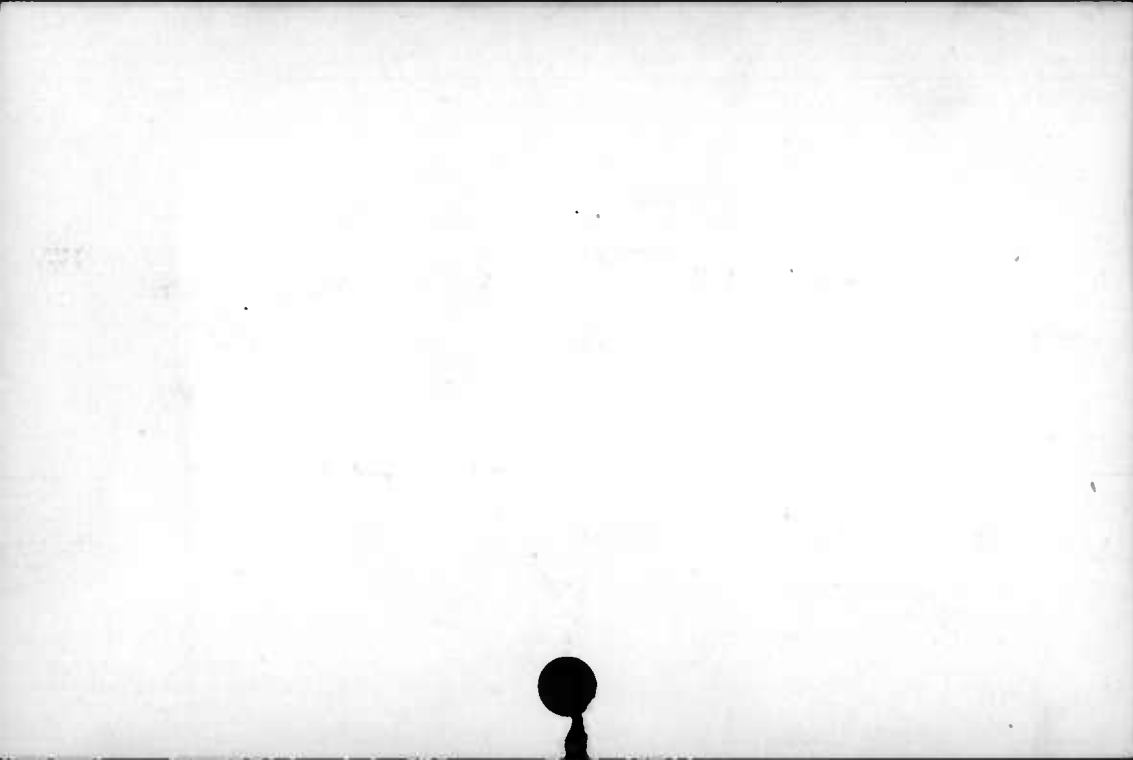
## CAUSES OF DEATH

Primary *Typhoid Fever* How long *5 weeks*Immediate *Intestinal hemorrhage*  
*Cardiac cathemia* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Harold W. Munroe*Address *Pickeyville, Md.*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Emma Schoefflin</i>		Town <i>Canton</i>		County <i>Balt.</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Age		Months <i>4</i>	
Month <i>July</i>		Day <i>7</i>		Years		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balt.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Geo. F. Schoefflin</i>		Father's Birthplace <i>Balt.</i>					
Mother's Maiden Name <i>Vida Welch</i>		Mother's Birthplace					
Name of person giving information <i>Geo. F. Schoefflin</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

**V75**

PHYSICIAN  
OR CORONER

Primary <i>acute milk infection</i>		How long <i>about 5 days</i>	
Immediate <i>Exhaustion &amp; anemia</i>		How long <i>about 12 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. J. Wright</i>	
		Address	
Accident or Suicide?			

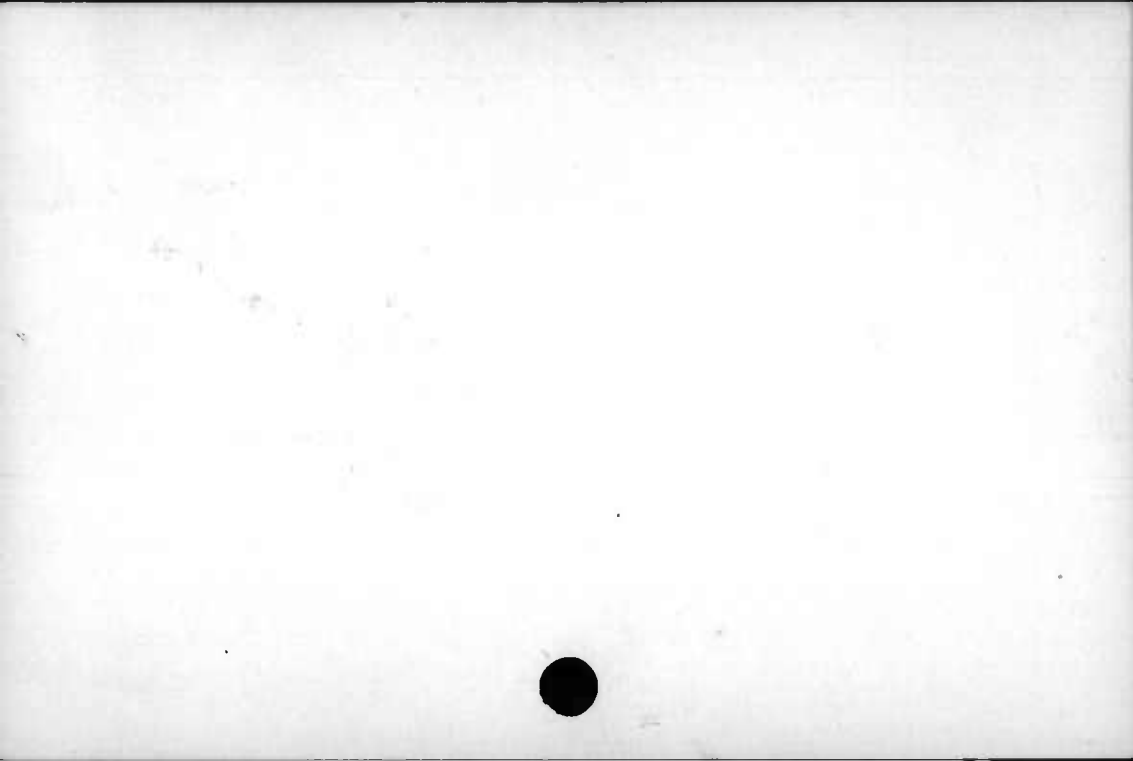
Dr. Wight

Centon & Dillon

---

Trinity term

Name in Full		Minnie Schoefflein				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton		Baltimore		MARYLAND	
	Date of death	1907	Month	July	Day	22	Age
					Years		Months
							Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name	Sgt. H. Schoefflein				Father's Birthplace	Baltimore
	Mother's Maiden Name	Oda Welch				Mother's Birthplace	Baltimore
	Name of person giving information	Oda Schoefflein				How related to deceased	Mother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Enteritis + inflammation				How long	about 3 weeks
	Immediate	Exhaustion				How long	about 1 week.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. M. Wright
	one thing. They died about 2 weeks ago.				Address		Canton + Dillon Sts.
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jenereene Scott*

Died at *St Omie's* Town *Balt* County

Date of death *1907* Month *July* Day *28* Age *5* Years Months *7* Days

Sex *female* Color or Race *Colored* Birth-place *Baltimore*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Francis Scott* Father's Birthplace *Va*

Mother's Maiden Name *Rebecca Brown* Mother's Birthplace *Md*

Name of person giving information *Maria Patterson* How related to deceased *Aunt*

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary *Cholera Infantum* How long *Twelve*

Immediate *E. coli* How long *3 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. R. Winter*

Address *Elkridge Howard Co Md*

Accident or Suicide? *—*





Name  
in  
Full

*Sarah Scott*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town</i> <i>Louisa</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1907	Month <i>July</i>	Day <i>13<sup>th</sup></i>	Years <i>41st 15</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Baltimore County</i>	
Married <del>Single</del> <i>Single</i>		Occupation <i>domestic</i>			
Name of Wife or Husband <i>Morse</i>					
Father's Name <i>George Scott</i>			Father's Birthplace <i>Baltimore County</i>		
Mother's Maiden Name <i>Martina Boddy</i>			Mother's Birthplace <i>Baltimore County</i>		
Name of person giving information <i>Father + Mother</i>			How related to deceased <i>Father + Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>One week</i>
Immediate <i>Courmesia</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Jarrett</i>
	Address <i>Louisa</i>
<i>Resident of County 2</i>	

John Burns Sons  
Tinsmiths

Sandy Bottom

Cemetery  
Baltimore

Name  
in  
Full

Walter T. Shea

## CERTIFICATE OF DEATH

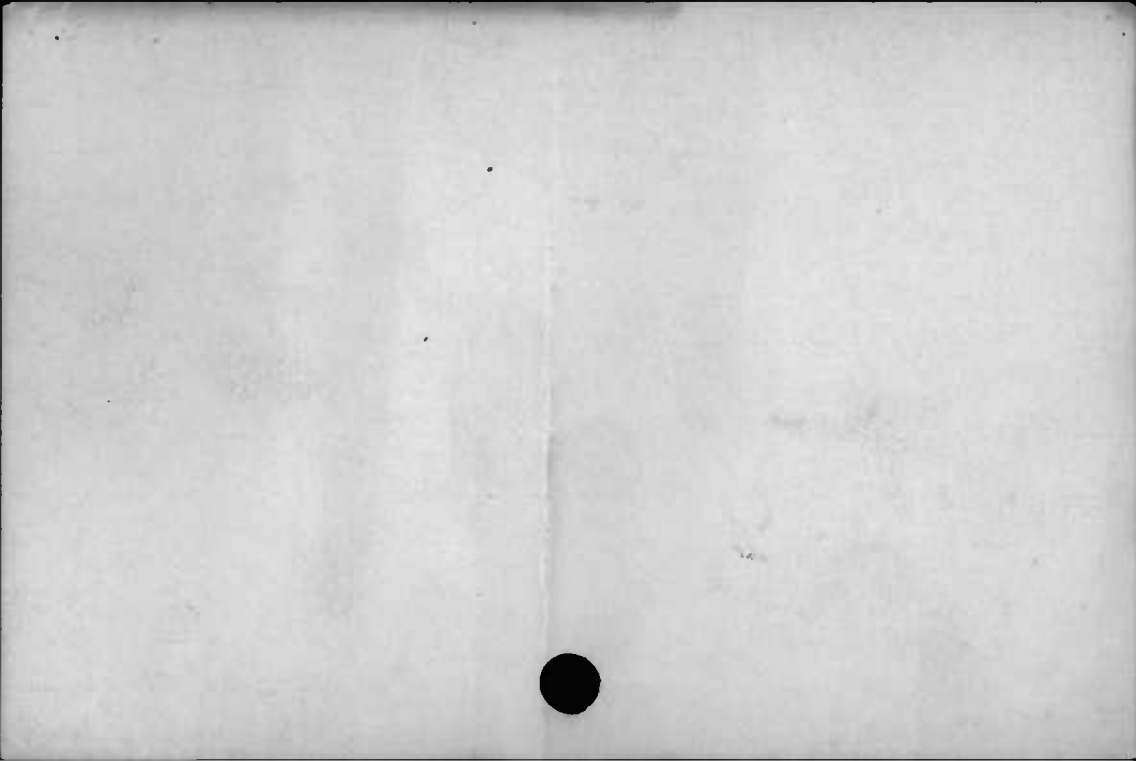
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prescott, Arizona</i>		County <i>Terrell</i>		State <i>MARYLAND</i>	
Date of death	1907	Month	July	Day	27
Age	22	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Texas Md
Occupation	Clerk	Where Residing if not at place of death		Same	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jm T. Shea			Father's Birthplace	Texas Md
Mother's Maiden Name	Elizabeth Keating			Mother's Birthplace	Texas Md
Name of person giving information	A. W. Enson			How related to deceased	none

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>about 20 mos</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>J. H. Bury</i>
			Address	<i>Texas Md</i>
Accident or Suicide?				



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <b>Town</b> <i>Fawson</i>		<b>County</b> <i>Baltimore</i>		<b>MARYLAND</b>	
<b>Date</b> of death <i>1907</i>	<b>Month</b> <i>7</i>	<b>Day</b> <i>9</i>	<b>Age</b> <i>25</i>	<b>Months</b> <i>—</i>	<b>Days</b> <i>—</i>
<b>Sex</b> <i>Male</i>	<b>Color or Race</b> <i>Abracuan</i>		<b>Birth-place</b> <i>Maryland</i>		
<b>Occupation</b> <i>Laborer</i>			<b>Where Residing if not at place of death</b> <i>Samey Bottom</i>		
<b>Married, Single or Widowed</b> <i>Single</i>		<b>Name of Wife or Husband</b> <i>—</i>			
<b>Father's Name</b> <i>William T. Shooter</i>			<b>Father's Birthplace</b> <i>Md</i>		
<b>Mother's Maiden Name</b> <i>Achsa Shooter</i>			<b>Mother's Birthplace</b> <i>Md</i>		
<b>Name of person giving information</b> <i>Julia Shooter</i>			<b>How related to deceased</b> <i>mother</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

<b>Primary</b> <i>Supposed Pulmonary Tuberculosis</i>	<b>How long</b> <i>One year</i>
<b>Immediate</b> <i>Cardiac Asthenia</i>	<b>How long</b> <i>a few hours</i>
<b>Are the name, age, sex, color, date and place correctly given above?</b> <i>Yes</i>	<b>Signature of Physician</b> <i>R. B. Massenburg M.D.</i>
	<b>Address</b> <i>Health Officer</i>
	<b>Signature of Coroner</b> <i>Joseph B. Herbert</i>
<b>Accident or Suicide?</b>	

William Brooks

Burial at  
Leaker Bottom  
near Okulopolis  
Bulth Co Ill

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

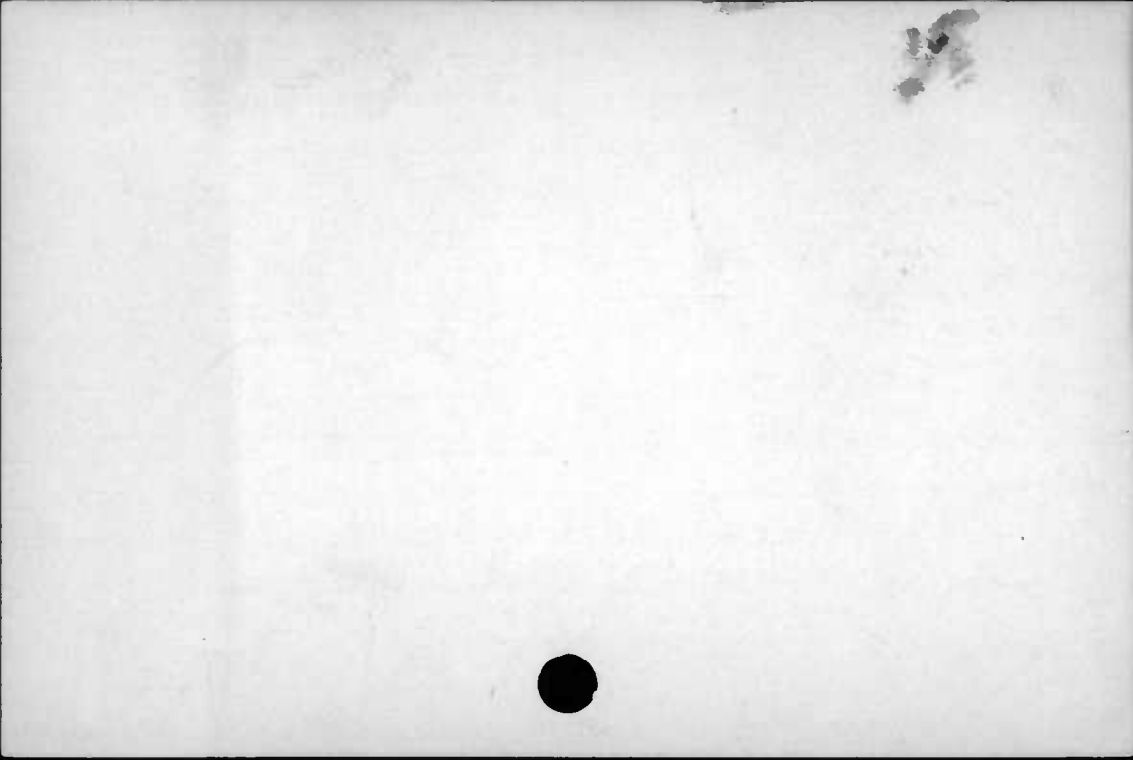
Died at <i>Highland</i> <sup>Town</sup>		<i>Bulto</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	7	Day	7
Sex	male	Color or Race	white	Age	57
Occupation	Painter	Birth-place	Bulto	Where Residing if not at place of death	236 1st P. Av.
Married, Single or Widowed	married	Name of Wife or Husband	Clara M. Shryock		
Father's Name	Jacob Shryock	Father's Birthplace	D.K.		
Mother's Maiden Name	Anna Fefel	Mother's Birthplace	D.K.		
Name of person giving information	Clara M. Shryock	How related to deceased	wife		

## CAUSES OF DEATH

(120)

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long	2 mo
Immediate	Uraemic Poisoning	How long	1
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. Warner M.D.
		Address	1120 Highland Av.
Accident or Suicide?	no		





Name  
in  
Full

Lawrence Siebers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

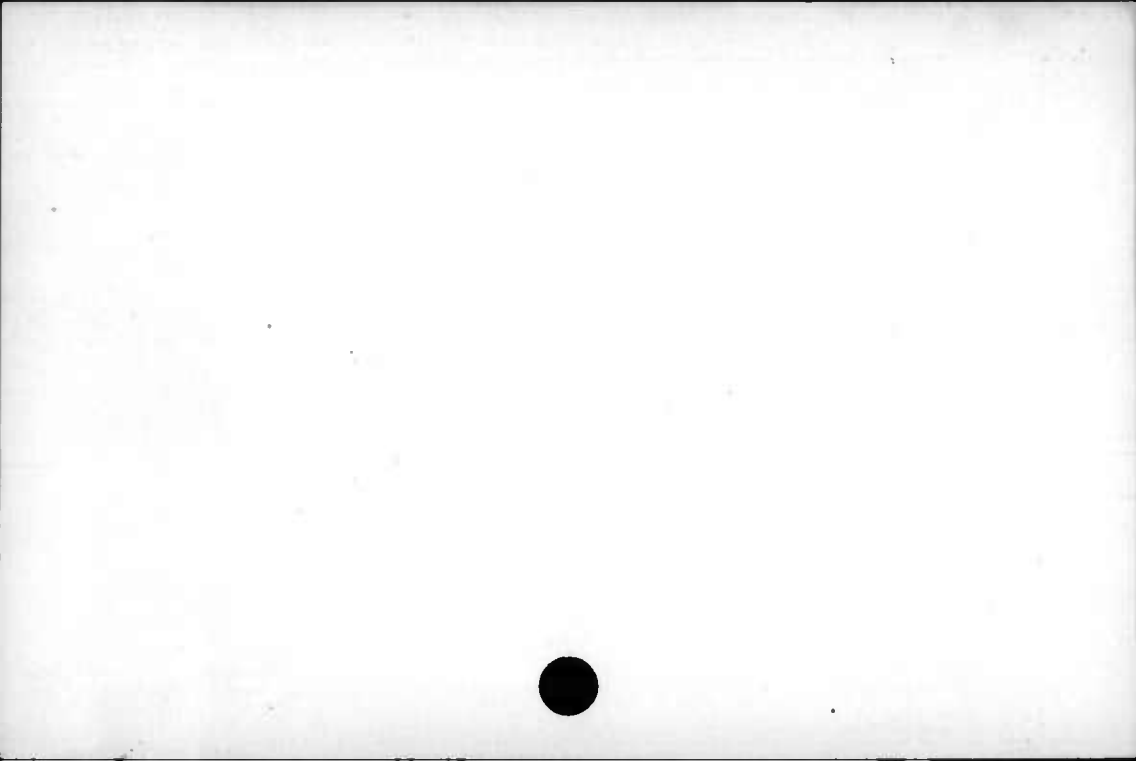
Died at *St. Agnes Hospital* *Baltimore* County  
 Date of death *1907* Month *July* Day *25* Age *53* Years Months Days  
 Sex *male* Color or Race *white* Birth-place *Germany*  
 Occupation *Butcher* Where Residing if not at place of death *1808 Division St.*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Barbie Siebers*  
 Father's Name *unknown* Father's Birthplace *Germany*  
 Mother's Maiden Name *unknown* Mother's Birthplace *Germany*  
 Name of person giving information *John Siebers* How related to deceased *son*

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary *Acute lobar pneumonia* How long *2 weeks*  
 Immediate *Acute lobar pneumonia* How long *2 weeks*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *H. H. Hager*  
 Address *St. Agnes Hospital*  
 Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

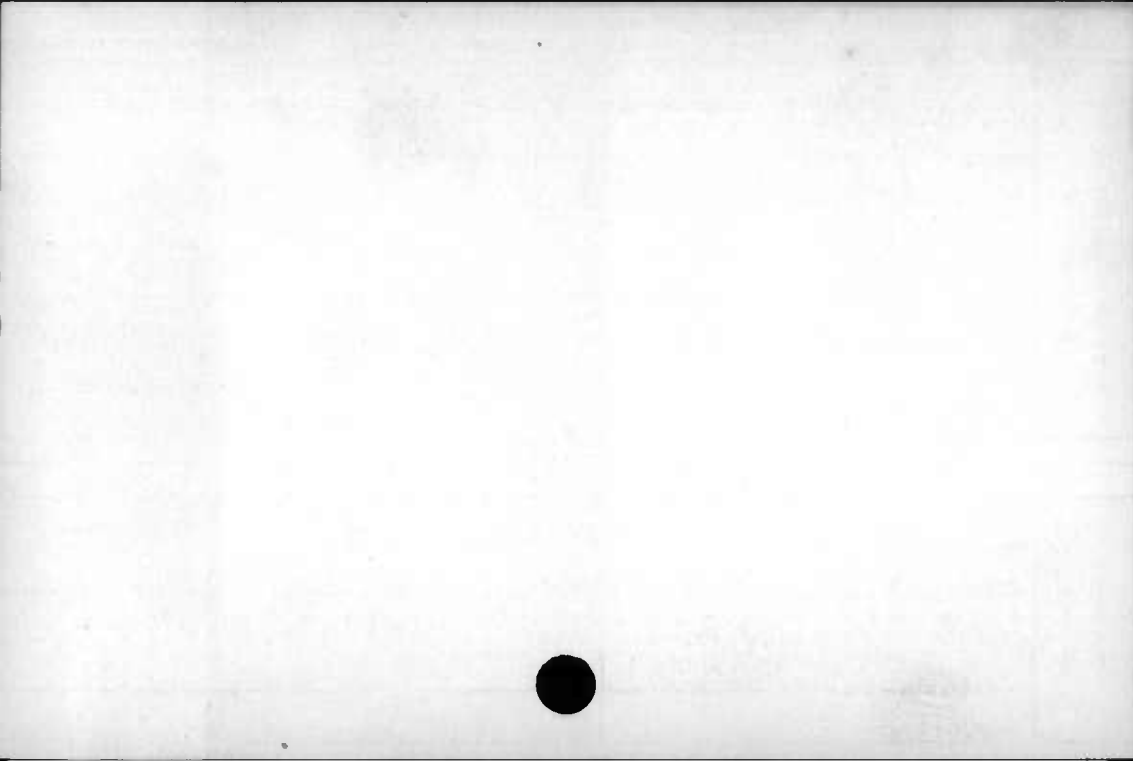
Name in Full <b>Joseph Selig</b>		Town <b>Prossville</b>		County <b>Bar</b>		State <b>MARYLAND</b>	
Date of death <b>1907</b>		Month <b>July</b>	Day <b>9</b>	Age <b>48</b>	Years <b>—</b>	Months <b>—</b>	Days <b>—</b>
Sex <b>Male</b>	Color or Race <b>white</b>		Birth-place <b>md</b>				
Occupation <b>Farmer</b>			Where Residing if not at place of death <b>—</b>				
Married, Single or Widowed <b>Widowed</b>			Name of Wife or Husband <b>Kimble</b>				
Father's Name <b>Unknown</b>			Father's Birthplace <b>Germany</b>				
Mother's Maiden Name <b>Unknown</b>			Mother's Birthplace <b>Germany</b>				
Name of person giving information <b>—</b>			How related to deceased <b>—</b>				

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary <b>Chronic alcoholism</b>	How long <b>5 years</b>
Immediate <b>Heart failure</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>—</b>	
Signature of Physician <b>L. V. Mace</b>	
Address <b>Prossville md.</b>	
Accident or Suicide? <b>—</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName in Full *Mary E. Simmout.*Died at *Morrell Park* TownCounty *Balt*

MARYLAND

Date

of death *1907*Month *July*Day *28*

Age

Years

Months *4*Days *21*Sex *female*Color or  
Race*white*Birth-  
place*Balt. Co. Md*Occupation *C*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Geo. Simmout*Father's  
Birthplace*Md*Mother's  
Maiden Name*Ella P. Henrikel*Mother's  
Birthplace*Md*Name of person giving  
Information*Geo. Simmout*How related  
to deceased*father*

## CAUSES OF DEATH

(105)

Primary

*Cholera Infantum*

How long

*9 days*

Immediate

*Cerebro Spinal Meningitis*

How long

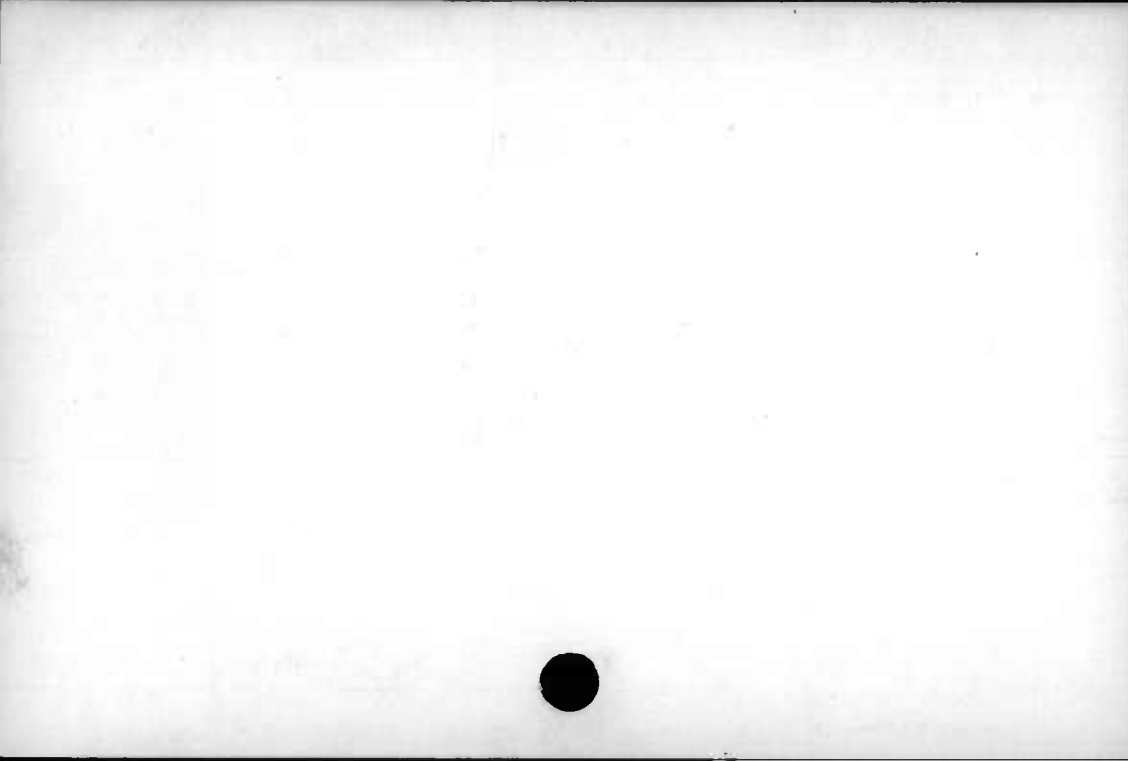
*2 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Frank H. R. R. R.  
London, Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Julia Snowden

## CERTIFICATE OF DEATH

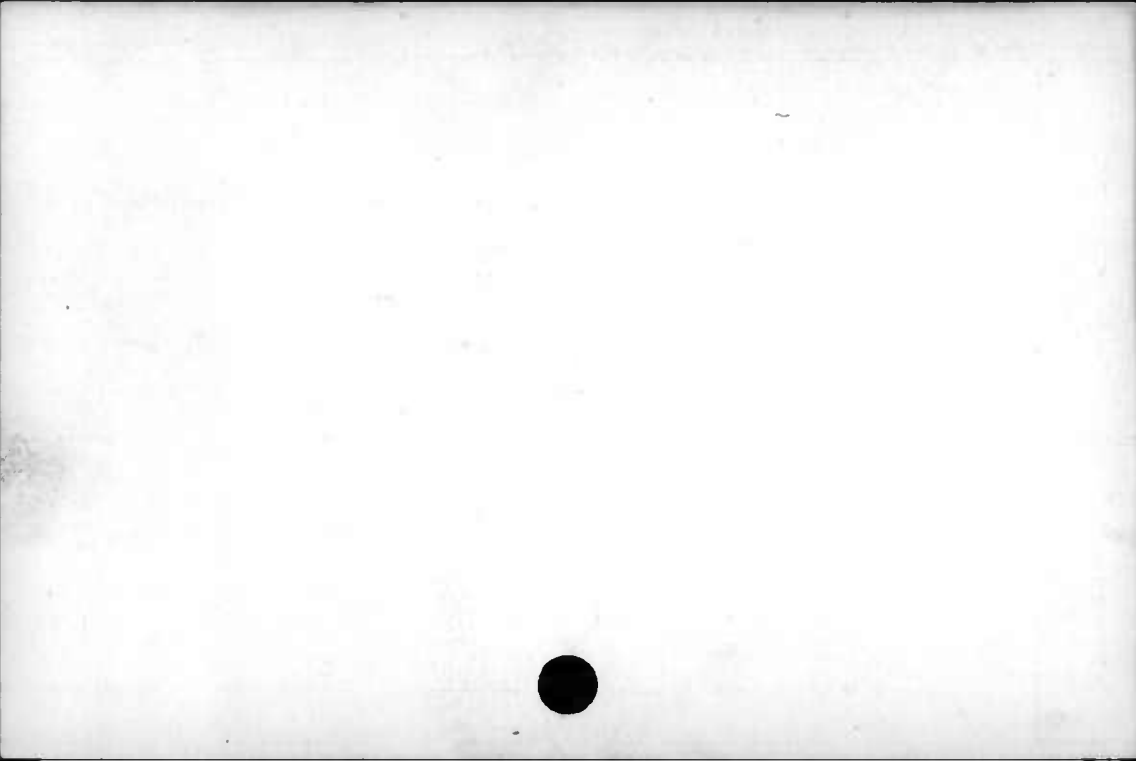
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Londsdown</u> <sup>Town</sup>		<u>Belt</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup>	<u>July</u> <sup>Day</sup>	<u>20</u> <sup>Age</sup>	<u>63</u> <sup>Years</sup>	<u>c</u> <sup>Months</sup>
Sex	<u>Female</u>		Color or Race	<u>Colored</u>	
Occupation	<u>None</u>		Birth-place	<u>Maryland</u>	
Where Residing if not at place of death			<u>Londsdown Belt Co</u>		
Married, Single or Widowed	<u>Widow</u>		Name of Wife or Husband	<u>Snowden</u>	
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>md</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>md</u>	
Name of person giving information	<u>Mrs Duffin</u>		How related to deceased	<u>Son</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Gangrene of foot</u>	<u>(142)</u>	How long	<u>3 mo</u>
Immediate	<u>Ephorstin</u>		How long	
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician	<u>Z. B. Hall</u>
			Address	<u>W. K. Wiggins</u>
Accident or Suicide?				<u>md</u>





Name  
in  
Full

## CERTIFICATE OF DEATH

Marie Spann

Town

Raspeburg

County

Baltimore

MARYLAND

Died at

Date

of death

1907

Month

July

Day

29<sup>th</sup>

Age

Years

—

Months

6

Days

25

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Nicolas Spann

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Alice Long

Mother's  
Birthplace

Baltimore

Name of person giving  
information

Mrs Carrie Logue

How related  
to deceased

Aunt —

## CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

2 weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Joseph B. Webster M.D.  
Raspeburg Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Edward Lanning-

St. Patricks Cemetery,

Name

in  
Full

Catherine Stachowska

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Grange. <sup>County</sup> Balto. MARYLAND

Date of death 1907 July 11 Age Years Months Days 3

Sex Female. Color or Race white Birth-place Md

Occupation \_\_\_\_\_ Where Residing if not at place of death Grange P. O.

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Mary Stachowska Mother's Birthplace Md

Name of person giving information Fialkowski How related to deceased Friend

## CAUSES OF DEATH

Primary Natural Causes How long 3 days

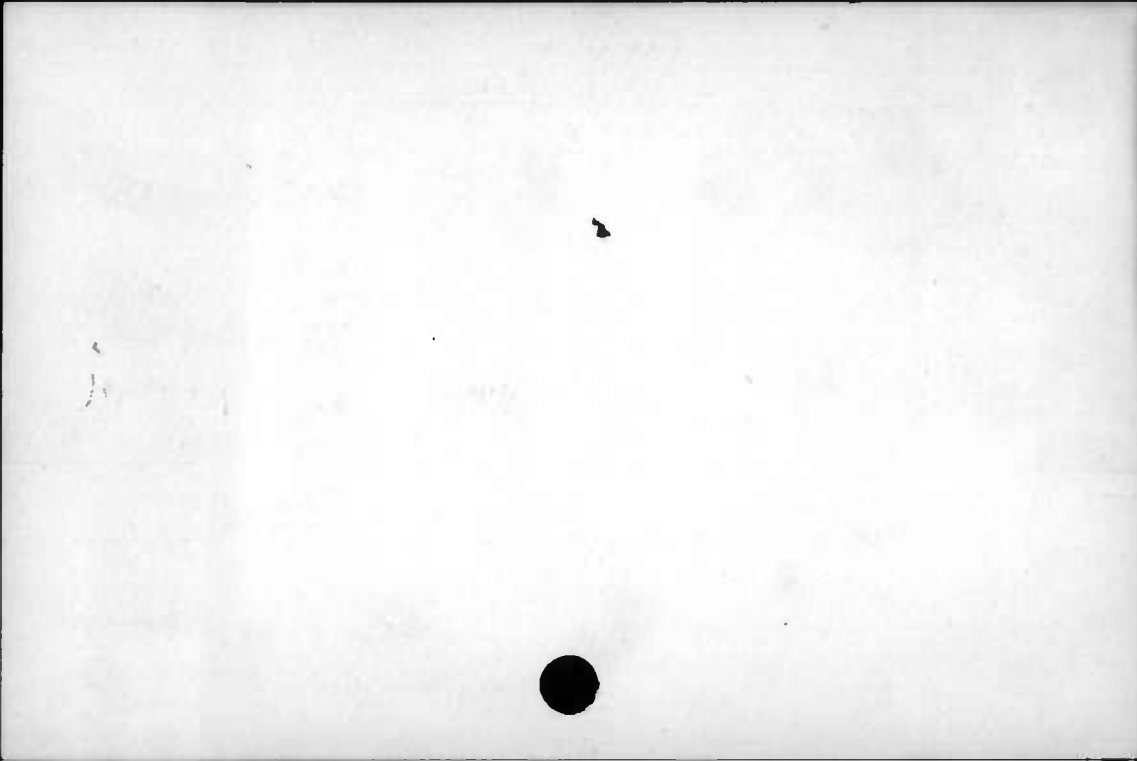
Immediate convulsions How long 4 hours

Are the name, age, sex, color, date and place correctly given above? Signature of Physician P. H. Dunningan

Address 203 Loone St

Accident or Suicide? Natural.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of Herbert &amp; Mary Stille

Died at *Sudbrook Park*

Town

*Baltimore*

County

MARYLAND

Date

of death *1907*

Month

*7*

Day

*17*

Age

Years

*—*

Months

*—*

Days

*—*

Sex

*Female*Color or  
Race*white*Birth-  
place*Sudbrook Park*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Herbert Stille*Father's  
Birthplace*Arkansas*Mother's  
Maiden Name*Mary Pendleton*Mother's  
Birthplace*Maryland*Name of person giving  
informationHow related  
to deceased*mother*

## CAUSES OF DEATH

Primary

*Stille force*

How long

*--*

Immediate

How long

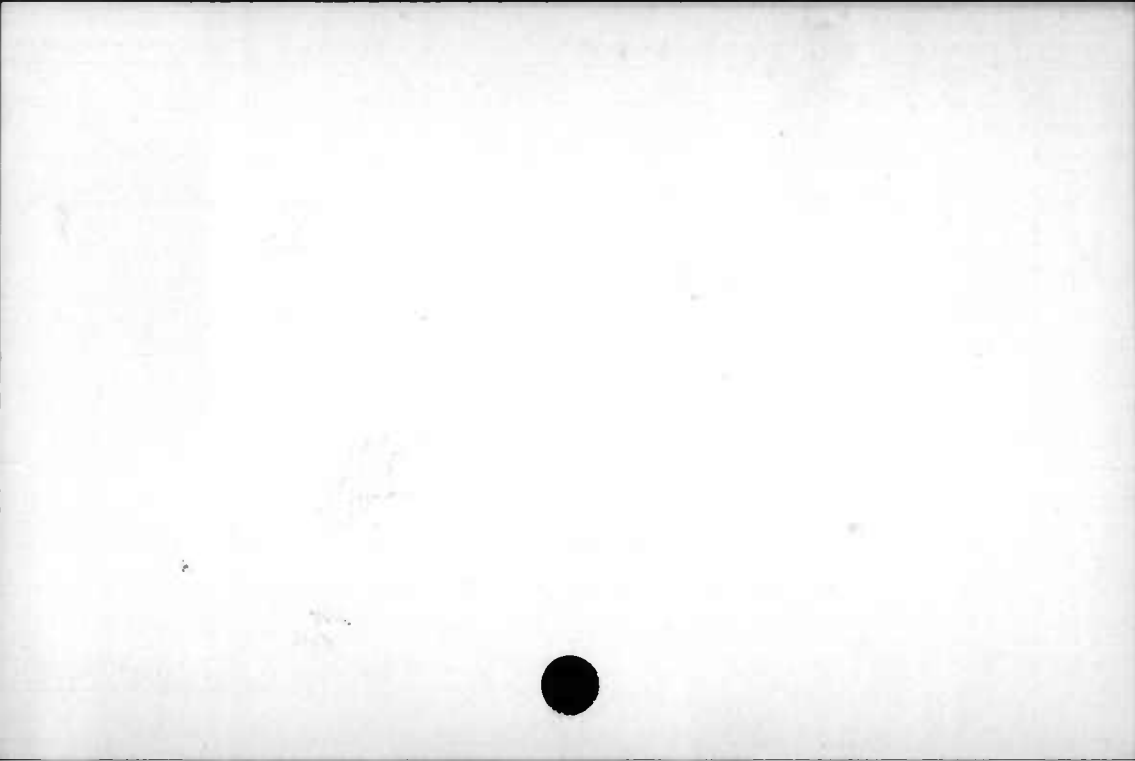
*..*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*St Louis Taylor*

Address

*Pikesville**Med.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bent - Mr. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> St. Vincenti Sanitarium - <sup>County</sup> Balto

MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 21 <sup>Years</sup> 10 <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Md -Occupation <sup>Where Residing if not at place of death</sup> Born at St. Vincenti Sanitarium St. Vincenti San -Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name unknown <sup>Father's Birthplace</sup> unknownMother's Maiden Name " <sup>Mother's Birthplace</sup> "Name of person giving information Reed's Dr. Vincenti - <sup>How related to deceased</sup> not at all

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONERPrimary Gastro-Intest. Toxaemia <sup>How long</sup> 6 or 7 days -Immediate Ex-acute Meningitis <sup>How long</sup> 48 hrs -Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> Frank J. Flannery<sup>Address</sup> Net Hope Md.

Accident or Suicide?





Name  
in  
Full

Lilly R. Swann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

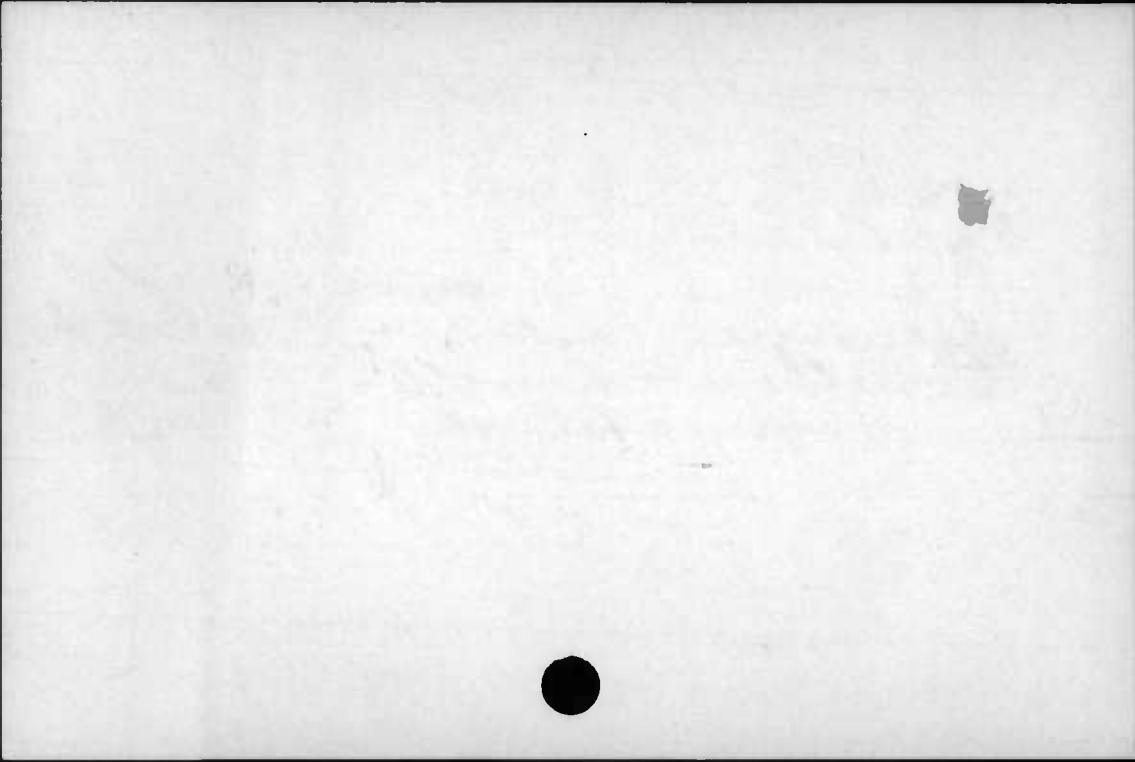
Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death		1907	Month July	Day 22	Age 36	Years	Months Days
Sex Female		Color or Race White		Birth-place Wake Co Md			
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed M		Name of Wife or Husband George Swann					
Father's Name R. M. D. Rogers		Father's Birthplace Wake Co Md					
Mother's Maiden Name Mary Jane Swann		Mother's Birthplace Wake Co Md					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

(68)

PHYSICIAN  
OR CORONER

Primary	Acute mania	How long	2 weeks
Immediate	Exhaustion from mania	How long	few days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. R. White M.D.	
Address		Catonsville Md	
Accident or Suicide?			



Name  
in  
Full

Edward F Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Wilson</i> <sup>Town</sup>		<i>Balto Co</i> <sup>County</sup>		MARYLAND	
Date of death <i>July 10 1907</i>	Month <i>July</i>	Day <i>10</i>	Age <i>43</i>	Years <i>4</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co</i>			
Occupation <i>Rail Road Station Agent</i>	Where Residing if not at place of death <i>Mt Wilson</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Virginia B Taylor</i>				
Father's Name <i>Jerimire Taylor</i>	Father's Birthplace <i>Carroll Co</i>		Mother's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Catherine Farnwell</i>	How related to deceased <i>Wife</i>		Name of person giving information <i>Virginia B Taylor</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>2 yrs</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>M. C. Houghton, M.D.</i>
		Address <i>1914 Bg. Balto Md</i>
Accident or Suicide?	<i>No</i>	

Place of Burial Palapsara

Date July 13. 1907

Undertakers Wm E Chenoweth & Son  
919 3rd Ave Hampden

Name  
in  
Full

Pearl R. Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>July</u>	Day <u>25</u>	Age <u>1</u> Years	Months <u>8</u> Days <u>C</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Baltimore</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Samuel Taylor</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Katie R. Bergeson</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>Samuel Taylor</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

(9)

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria</u>	How long
Immediate	<u>Diphtheria</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. H. Gandy, M.D.</u>
		Address <u>111 P. Broadway</u>
Accident or Suicide?		

Mr. Samuel  
H. Vander Poo

Name  
in  
Full

Maria L. Trowbridge

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lutherville <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 21 <sup>Years</sup> 77 <sup>Months</sup> 1 <sup>Days</sup> 27

Sex Female Color or Race white Birth-place Baltimore Md.

Occupation Had none Where Residing if not at place of death Lutherville Md.

Married, Single or Widowed widow Name of Wife or Husband James A. Trowbridge

Father's Name Rev. John S. Morris Father's Birthplace York Pa

Mother's Maiden Name Eliza Hag Mother's Birthplace York Pa

Name of person giving information Mrs James P Reese How related to deceased Niece

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Heart + Kidneys - Brights How long over 2 years

Immediate Suddenly - Heart - How long 7 hrs in room

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W F A Kemp

Address 3 W. 25th St

Accident or Suicide?

Stewart & Mowen Co

Undertakers

215 Park Ave

Baltimore Md.

Interment Greenmount Cemetery

Baltimore Md.



Name  
in  
Full

George Washington Turnbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Freeland</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>17</u>	Age <u>—</u>	Months <u>—</u>	Days <u>10</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>George Turnbaugh</u>			Father's Birthplace <u>Baltimore Md</u>		
Mother's Maiden Name <u>Alice A. Palmer</u>			Mother's Birthplace <u>Baltimore Md</u>		
Name of person giving information <u>George Turnbaugh</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Jaundice</u>	How long <u>One week</u>
Immediate <u>Congestion of Brain</u>	How long <u>10 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joseph S. Baedwin</u>
	Address <u>Freeland</u>
	<u>Baltimore Md</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Margaret Wick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>22nd</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George Wick</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Margaret Schneider</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>George Wick</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>"Cholera Infantum"</i>	How long <i>3 to 4 days</i>
<i>Acute Gastro-Enteritis</i>	How long <i>6 to 8 hours</i>
Immediate <i>Arterial syncope, cerebral radial C. to 8 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. L. McClanahan M.D.</i>
	Address <i># 618 S. Clinton St.</i>
Accident or Suicide? <i>—</i>	

Sacred Heart Cemetery

July 24  $\frac{1}{2}$  1907

Germanus Franco

Undertaker

Name  
in  
Full

Mary S. Vance

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

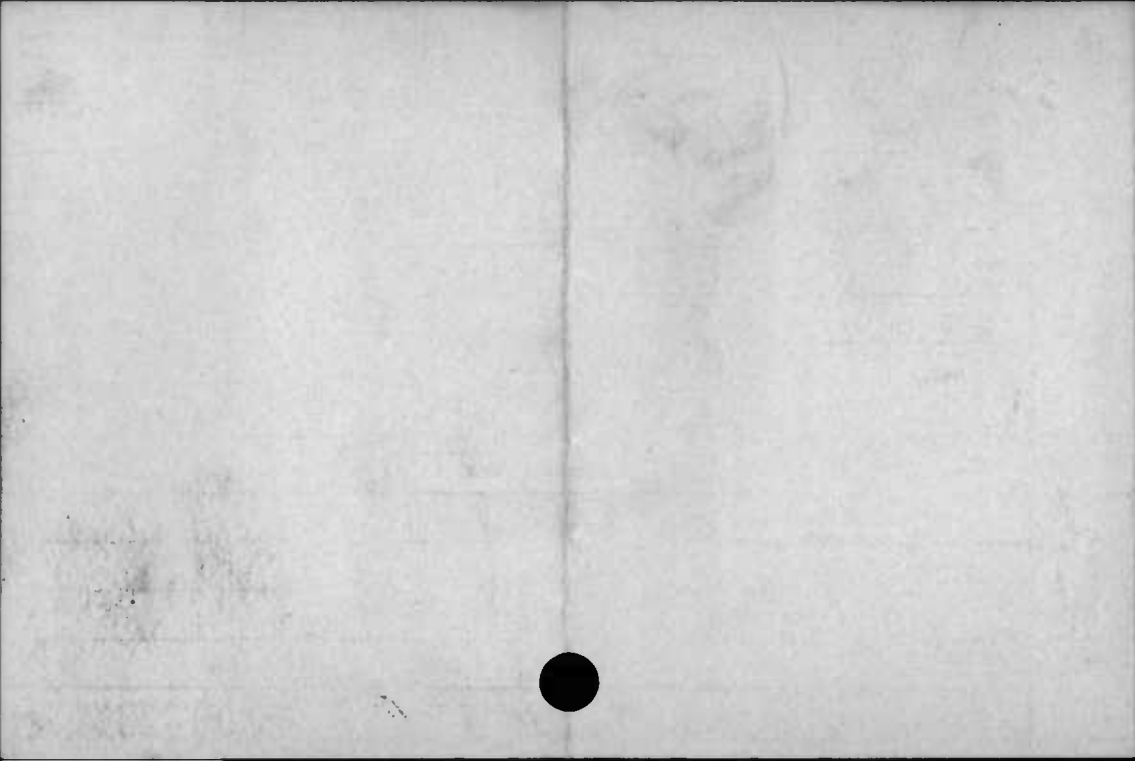
Died at		Butter <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND	
Date of death	1907	Month	July	Day	14	Age	26
Sex	Female		Color or Race	White		Birth-place	Harford Md
Occupation	Sales-lady			Where Residing if not at place of death		Harford Md.	
<del>Married</del> , Single or <del>Widowed</del>				Name of Wife or Husband			
Father's Name	Howard Vance			Father's Birthplace		Harford Md.	
Mother's Maiden Name	Ella Royston			Mother's Birthplace		Thorniet Md.	
Name of person giving Information	Wesley Royston			How related to deceased		Uncle	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Phthisis Tuberculosis	How long	One year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. V. Drach Md
		Address	Butter Md
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Bersaglio Vincenzo**

Town **Sparrows Point** County **BALTO.** MARYLAND

Died at **Sparrows Point**

Date of death **1907** Month **July** Day **15** Age **30** Years Months Days

Sex **Male** Color or Race **White** Birth-place **Italy**

Occupation **Laborer** Where Residing if not at place of death **Baltimore Md.**

Married, Single or Widowed **Unknown** Name of Wife or Husband **Unknown**

Father's Name **Unknown** Father's Birthplace **Unknown**

Mother's Maiden Name **Unknown** Mother's Birthplace **Unknown**

Name of person giving information **Jos Blair** How related to deceased **None**

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

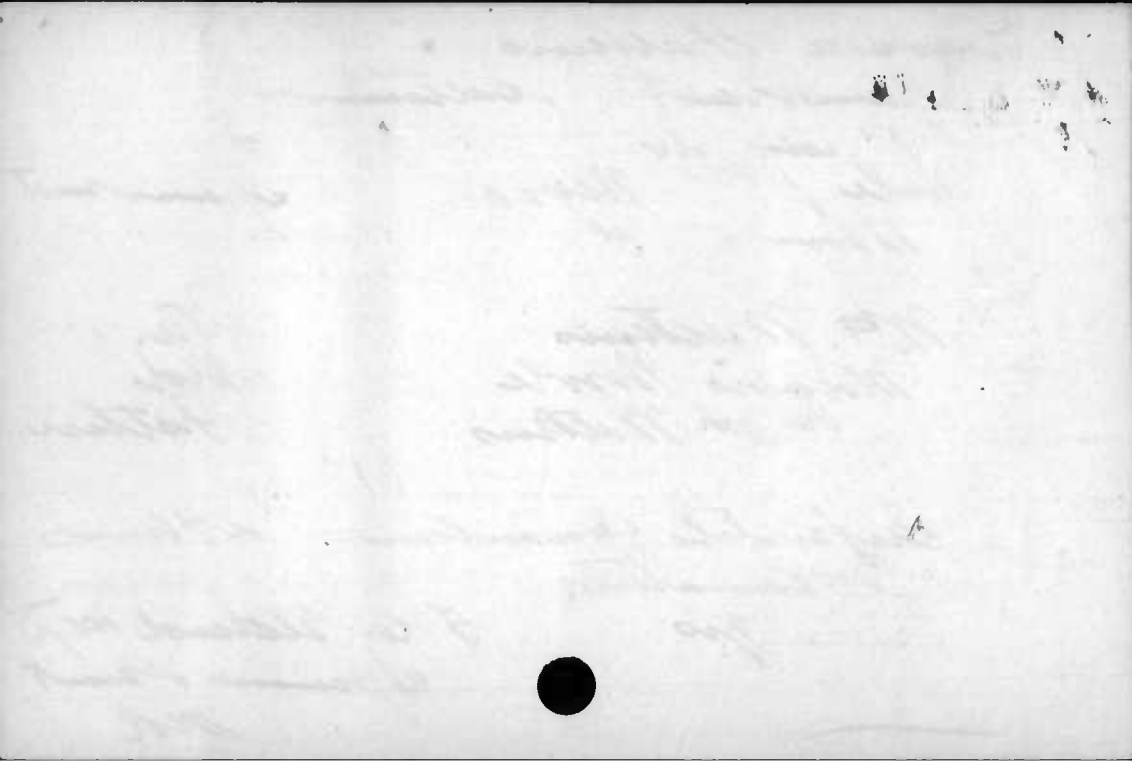
Signature of Physician

Address

Accident or Suicide

Accident

**Jos Blair J. P.**  
**Sparrows Point**  
**Md.**





Name  
in  
Full

Judson Watkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

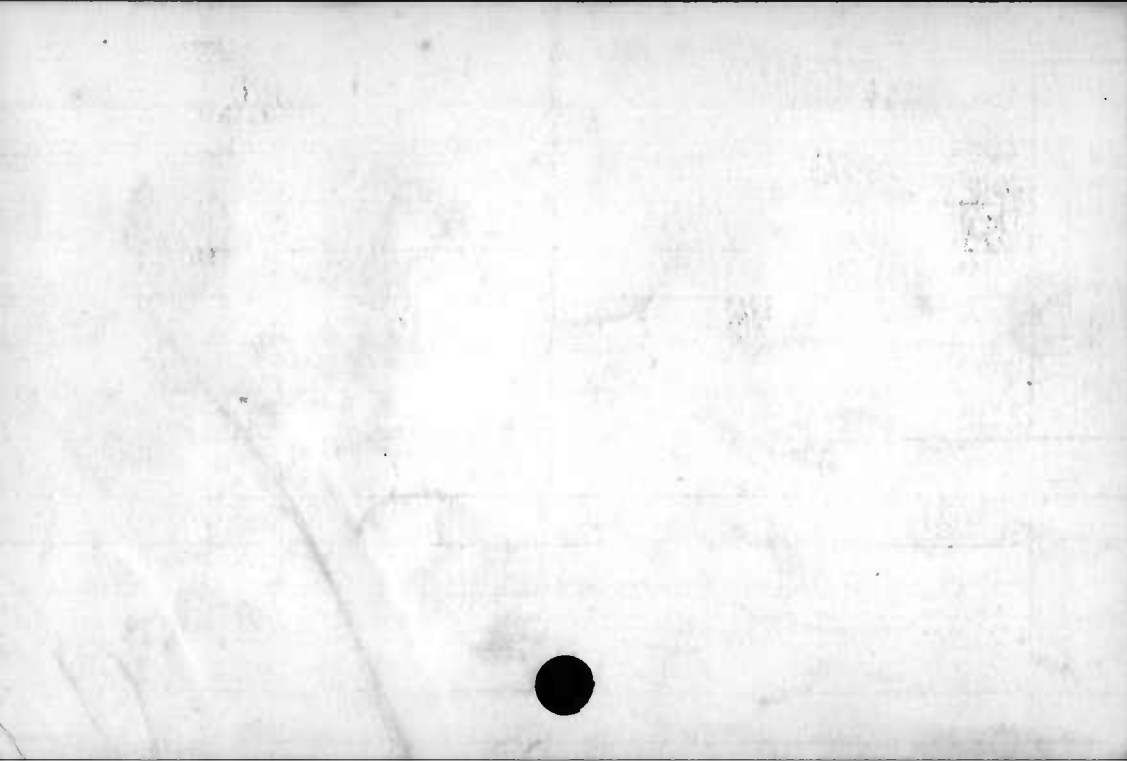
Died at <i>Spinnis Point</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	July	Day	26
Age		Years		Months	4
Sex	Male	Color or Race	Negro	Birth-place	Spinnis Point
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Wm. Watkins</i>		Father's Birthplace	Va.	
Mother's Maiden Name	<i>Maggie Worle</i>		Mother's Birthplace	Md.	
Name of person giving information	<i>Wm. Watkins</i>		How related to deceased	Father.	

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Infantile Consumption</i>	How long	<i>24 hours</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>F. C. Eldred M.D.</i>	
		Address	
		<i>Spinnis Point Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Lena A. Watts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westport</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>19</i>		Age <i>2</i>		Years <i>10</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		Where Residing if not at place of death <i>at place of death</i>			
Occupation <i>none</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Benson Watts</i>		Father's Birthplace <i>Glen Burnie</i>		Mother's Maiden Name <i>Rellie Layman</i>		Mother's Birthplace <i>Annapolis</i>		How related to deceased <i>father</i>	
Name of person giving information <i>Benson Watts</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	<i>106</i>	How long	<i>18 days</i>
Immediate	<i>Cerebral meningitis</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>R. A. Glavin</i>	
			Address <i>at home</i>	
Accident or Suicide?				

Armstrong & Strong  
Glen Burnie

Name  
in  
Full

Thomas Weasley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Mt Hope Retreat		Baltimore		Maryland			
Date of death	1907	Month	July	Day	16 <sup>th</sup>	Years	55
Sex	Male	Color or Race	White	Birth-place	Dist. Co -		
Occupation	Shoemaker		Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace			
Mother's Maiden Name		"		Mother's Birthplace			
Name of person giving information		Recd. Mt Hope Retreat		How related to deceased			
				None at all			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Malaria Chronic	How long	over 4 yrs
Immediate	Ex Chr. Nephritis Card syringe	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank J. Filanvery	
Address		Mt Hope Retreat	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>22</i>	Age <i>—</i>	Years <i>7</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>1009 Bouldin St</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Fred Weis</i>		Father's Birthplace <i>Balto Co</i>			
Mother's Maiden Name <i>not given</i>		Mother's Birthplace <i>"</i>			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>48 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. N. Atthey</i>	
		Address <i>1</i>	
Accident or Suicide?			

Mount Carmel Cem

July 24<sup>th</sup> 1907

St Nicholas & Son

1820 Canton Ave



Name  
in  
Full

Lora Wiegmann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town		<i>Balto</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>1</i>		Age <i>59</i>		Years <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>26</i>		Days	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>235 Blairman St</i>					
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Henry Wiegmann</i>					
Father's Name <i>Schweder</i>				Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Untman</i>				Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Henry Wiegmann</i>				How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Liver</i>	How long	<i>2 Years</i>
Immediate	<i>Prostration</i>	How long	<i>9 Months</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Chas L. Buddenbohm M.D.</i>	
Address		<i>418. J. Paca St.</i>	
Accident or Suicide?		<i>Balto - Md.</i>	

Oak Lawn Cem.

Henry J. Fox

7/3/87

Name  
in  
Full

Dorothy Wienecke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Helena</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1907	Month 7	Day 15	Age -	Months 4	Days 3
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>St. Helena St.</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Wienecke</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Hilda Puhl</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Hilda Wienecke</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

(49)

PHYSICIAN  
OR CORONER

Primary <i>Scarlet fever</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. E. M. [illegible]</i>
<i>11/15</i>	Address <i>3rd South High Street [illegible]</i>
Accident or Suicide?	

London Park Inn,

Wernig & Son

7/15/07

Name  
in  
Full

Sarah Elizabeth Wilhelm

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Govanstown		County Baltimore		MARYLAND	
Date of death 190	7	Month July	Day 26	Age 119	Years	Months 2	Days
Sex Female	Color or Race White		Birth- place Balto Co Md				
Married, Single or Widowed				Occupation Housekeeper			
Name of Wife or Husband John J. Wilhelm							
Father's Name Wesley Cuddy				Father's Birthplace Balto Co.			
Mother's Maiden Name Rachel Ann Stabler				Mother's Birthplace Balto Co.			
Name of person giving In formation Laura Cuddy				How related to deceased Sister			

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary Amyloid degeneration of liver	How long one year
Immediate Exhaustion	How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. Whiteley
	Address Catonville Md
Accident or Suicide?	

Armstrong Denny &  
Monkton

Name  
in  
Full

Florence G. Melkus

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Brooklandville		<sup>County</sup> Balt		MARYLAND	
Date of death	1907	Month	7	Day	16
Age	Years		Months		Days
Sex	Female		Color or Race	White	
Occupation	—		Birth-place	Balt Co.	
Where Residing if not at place of death			Brooklandville		
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Friedrich Melkus		Father's Birthplace	Balt	
Mother's Maiden Name	Florence Garner		Mother's Birthplace	Ind	
Name of person giving information	Father		How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Seratitis	(105)	How long	5 days
Immediate	Septicemia		How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	H. Burbot Shuman
			Address	Riden Ind
Accident or Suicide?				

Place of burial Lenox Park  
Hy W Jenkins & Sons Co



Name

in  
Full

Ann Dent Wise

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Catonsville

Baltimore

Date

Month

Day

Years

Months

Days

of death 1907

July

18

Age

60

Sex

Female

Color or  
Race

White

Birth-  
place

Virginia

Occupation

-

Where Residing if not  
at place of death

(Home - Richmond Va.)

At Gandy, Sautanum 2 yrs

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

-

Unknown

Father's  
Name

James Dunlop

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Ann Dent McRae

Mother's  
Birthplace

Virginia

Name of person giving  
In formation

James D. Wise

How related  
to deceased

Son

## CAUSES OF DEATH

43

Primary

Carcinoma of the breast

How long

4 yrs

Immediate

Exhaustion

How long

Suffering 6 months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Alfred J. Gandy M.D.

School, Catonsville Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

E. M. Muldrew

Name  
in  
Full

Wm Wolf

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Annapolis Road <sup>County</sup> Balto

MARYLAND

Date of death 1907 7 27 Age Years 3 Months 11 Days

Sex Male Color or Race White Birth-place Annapolis Road

Occupation \_\_\_\_\_ Where Residing if not at place of death Annapolis Road

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Chas Wolf Father's Birthplace Ind

Mother's Maiden Name Florence Bennett Mother's Birthplace Ind

Name of person giving Information Florence Wolf How related to deceased Mother

## CAUSES OF DEATH

105

Primary cholera infantum How long 22 days

Immediate Exhaustion

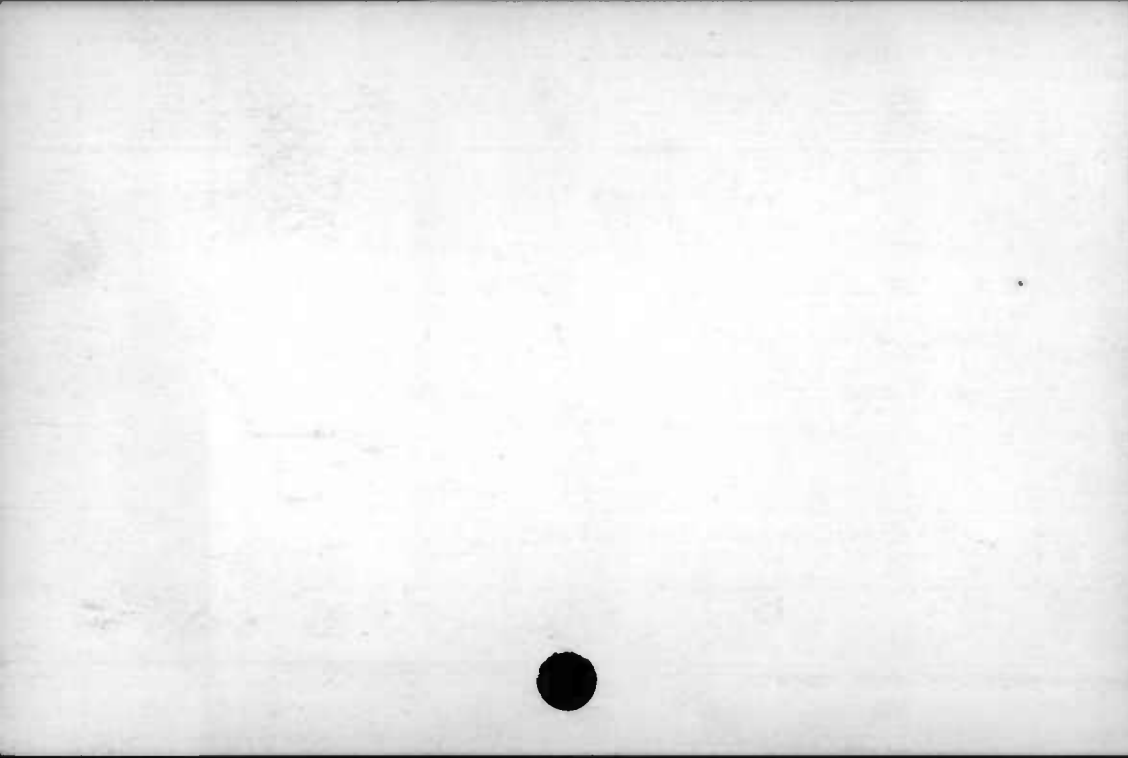
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J B Hall

Address Mt Wmms

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Louis Wolford				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Calverton		County Baltimore		MARYLAND			
	Date of death	1907	Month July	Day 22	Age 50	Years	Months	Days	
	Sex	Male		Color or Race	Colored		Birth-place	Maryland	
	Occupation	Laborer			Where Residing if not at place of death Baltimore				
	Married, Single or Widowed	Widowed		Name of Wife or Husband Sophie Wolford					
	Father's Name	Not Known				Father's Birthplace	Unknown		
	Mother's Maiden Name	Not Known				Mother's Birthplace	Unknown		
Name of person giving information	Clarence Wolford				How related to deceased		Son		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	18 months		
	Immediate	Exhaustion				How long			
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	D C L Mattfeldt		
						Address	Sanitary Officer Calverton Md		
	Accident or Suicide?								



Name  
in  
Full

Allen Kreisher Wood.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Govans</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup>	<u>July</u> <sup>Day</sup>	<u>28</u> <sup>Years</sup>	<u>59</u> <sup>Months</sup>	<u>7</u> <sup>Days</sup>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place <u>Harford Co Md.</u>	
Occupation	<u>Contractor</u>		Where Residing if not at place of death <u>Govans.</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Catharine A. Wood.</u>		
Father's Name	<u>John Wood.</u>		Father's Birthplace <u>England</u>		
Mother's Maiden Name	<u>Celia Dast.</u>		Mother's Birthplace <u>Cecil Co. Md.</u>		
Name of person giving information	<u>Catharine A Wood.</u>		How related to deceased <u>wife</u>		

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<u>Thrown out of wagon</u>	How long	<u>12 hours.</u>
Immediate	<u>Shock</u>	How long	<u>immediate.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>Boyer &amp; Md</u>
		Address	<u>Sta H (Govans) Balto. Md.</u>
Accident or Suicide?	<u>accident</u>		

E. A. Wickard Jr  
2113 Greenwood Ave

---

Presbyterian Cemetery  
Gorham, N.H.



Name

in  
Full

CERTIFICATE OF DEATH

Catharine B Young  
Town Owings Mills County Baltimore

MARYLAND

Died at

Date

of death

1907

Month

July

Day

12

Age

Years

49

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Carroll co Md

Occupation

House wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Daniel B Young

Father's  
Name

John S Harris

Father's  
Birthplace

Carroll co Md

Mother's  
Maiden Name

Catharine Bobbity

Mother's  
Birthplace

Baltimore Md

Name of person giving  
Information

Daniel B Young

How related  
to deceased

Husband

CAUSES OF DEATH

42

Primary

Carcinoma of uterus

How long

1 year

Immediate

Hemorrhage

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Franklin D. G. B.

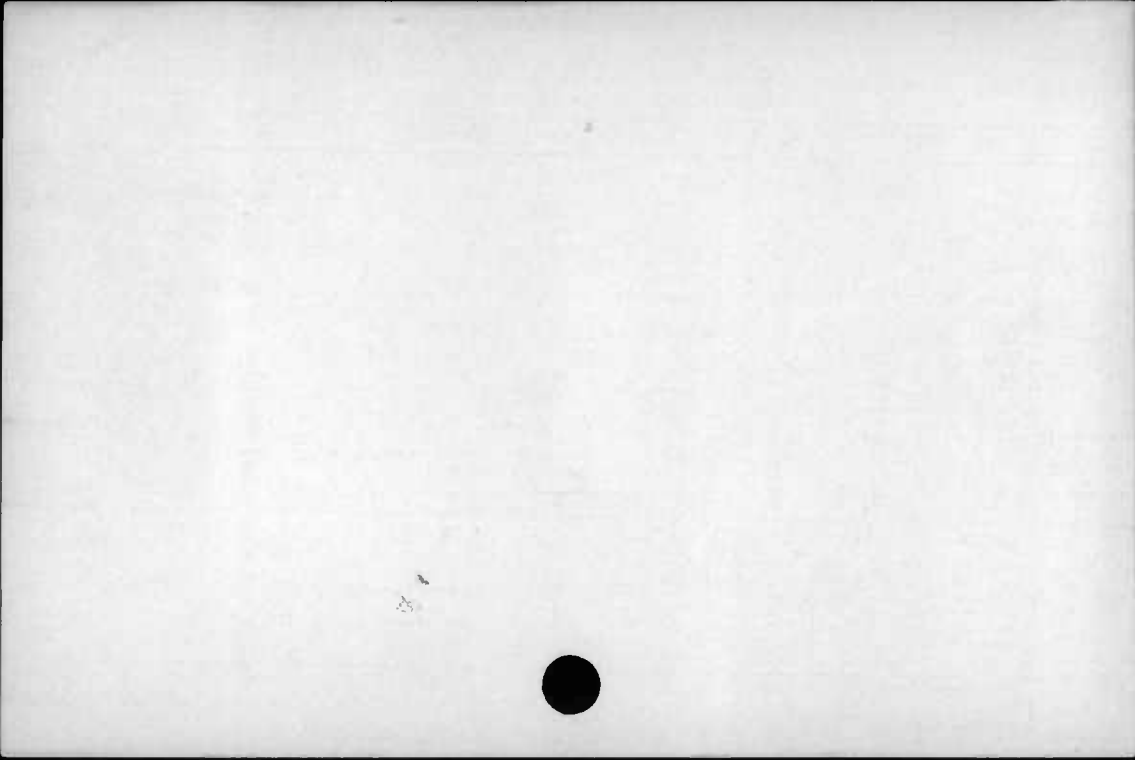
Address

Reisterstown

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

LIBRARY BUREAU A88616



Name  
in  
Full

Samuel Young Jr

## CERTIFICATE OF DEATH

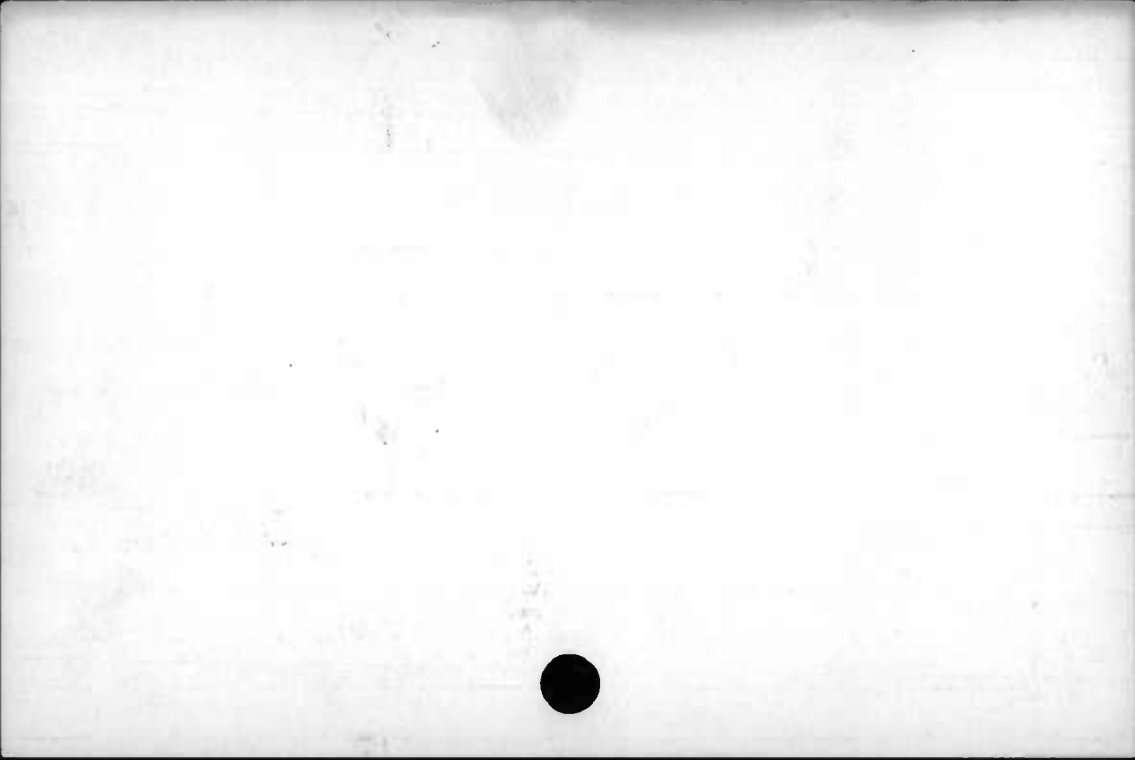
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Knobel</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>31st</u>	Age <u>    </u>	Months <u>10</u>	Days <u>30</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Knobel Md.</u>		
Occupation <u>    </u>			Where Residing if not at place of death <u>    </u>		
Married, Single or Widowed <u>    </u>			Name of Wife or Husband <u>    </u>		
Father's Name <u>Samuel Young</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Lillie Hayes</u>			Mother's Birthplace <u>Balto. Co. Md.</u>		
Name of person giving information <u>Lillie Hayes</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Feething</u>	How long <u>1 week</u>
Immediate <u>convulsions</u>	How long <u>1 hr.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>No physician attending.</u>
	Address <u>Thos. H. Emory Jr. D.</u> <u>Monteton, Md.</u> <u>(Health officer)</u>
Accident or Suicide? <u>no</u>	



Name  
in  
Full

Helen W. Zink

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brooklandville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>5</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Zink</i>			Father's Birthplace <i>Brooklandville Md</i>		
Mother's Maiden Name <i>Maggie E. German</i>			Mother's Birthplace <i>Lutherville Md</i>		
Name of person giving information <i>William Zink</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

(47)

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia followed by Endocarditis</i>		How long	<i>Five weeks</i>
Immediate	<i>Asphy</i>		How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. D. Smith</i>	
			Address <i>Rider, Md.</i>	
Accident or Suicide?		<i>—</i>		

John Burns Sons  
Lions on  
Govans. Pres. Carr.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Unknown</i>		Town <i>Unknown</i>		County <i>Unknown</i>		State <i>MARYLAND</i>	
Died at		Month <i>90 ?</i>		Day <i>?</i>		Year <i>?</i>	
Date of death		Month <i>?</i>		Day <i>?</i>		Year <i>?</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>?</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Unknown</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Unknown</i>		How related to deceased <i>Unknown</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>		How long <i>?</i>	
Immediate <i>Unknown</i>		How long <i>?</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M.C. Smith</i>	
		Address <i>Gillicott City</i>	
Accident or Suicide? <i>Unknown</i>		<i>Wright</i>	

Body too much decom-  
posed to tell us any  
thing. It was found  
in the river below  
new dam near Hehsten.  
The man evidently  
died several months a-  
go and had been either  
buried or sunk in  
the river.

W. C. Howe



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>unknown</u> <sup>own</sup>		County <u>1015</u>		MARYLAND	
Date of death 1907		Month <u>July</u>	Day <u>unknown</u>	Years <u>unknown</u>	Months <u>unknown</u>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth place <u>unknown</u>	
Occupation <u>unknown</u>		Where Residing if not at place of death <u>unknown</u>			
Married, Single or Widowed <u>unknown</u>		Name of Wife or Husband <u>unknown</u>			
Father's Name <u>unknown</u>		Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>unknown</u>		Mother's Birthplace <u>unknown</u>			
Name of person giving information <u>Frank Roach</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>unknown</u>	How long <u>unknown</u>
Immediate <u>unknown</u>	How long <u>unknown</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Ph. J. Morgan</u>
<u>apparently</u>	Address <u>205 Lorne St</u>
Accident or Suicide? <u>Natural</u>	

